

N18 000009672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

12/18/20
Lakisha Banks
advised to change new
Name to Optimal Family
Services Inc. And Remove
New Address/All corrections

Office Use Only



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2020 DEC 14 11:12:45

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Amend/Name
chg

DEC 14 2020

ALABAMA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: World Unhidden Inc.

DOCUMENT NUMBER: N18000008672

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lakeisha Barris

(Name of Contact Person)

Optimal Alliance Consulting LLC.

(Firm/ Company)

7643 Gate Parkway, Suite 104-579

(Address)

Jacksonville, FL 32256

(City/ State and Zip Code)

lbarris@optalliance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lakeisha Barris

904

297-8746

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|---|---|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

World Unhidden Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N18000008672

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

OPTIMAL FAMILY SERVICES, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change ___ Add ___ Remove	CEO,P,D	Lakeisha Barris	3107 Fox Squirrel Drive Orange Park, FL 32073
2) <input checked="" type="checkbox"/> Change ___ Add ___ Remove	D	Lakia Bright	575 Oakleaf Plantation Parkway Orange Park, FL 32065
3) ___ Change ___ Add <input checked="" type="checkbox"/> Remove	D	Jerry Barris	3107 Fox Squirrel Drive Orange park, FL 32073
4) ___ Change <input checked="" type="checkbox"/> Add ___ Remove	D	Betty Moore	13931 NE 222nd Place Raiford FL 32083
5) ___ Change ___ Add ___ Remove			
6) ___ Change ___ Add ___ Remove			

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Mission Statement- To impact underserved communities by providing family- centered, culturally responsive education and coaching services.

Vision Statement- We envision inspiring healthier communities by prioritizing mental, physical and financial health, while combating generational practices and stigmas interfering with access to care.

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/11/2020

Signature Lakeisha Barris
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Lakeisha Barris

(Typed or printed name of person signing)

CEO

(Title of person signing)