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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Another Day Foundation Inc
DOCUMENT NUMBER: N 18000010190
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Leslie Bravo
(Name of Contact Person)
(Firm/ Company)
3686 Coral tree Curle
Coconut rule FL 33073
(City/ State and Zip Code)
LBrauo 6 roup @ g may 1, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at (QSY) QQT 980 Q (Area Sode) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
▼\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) □\$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

Another Tour Tour	richion, Inc.
Name of Corporation as currently filed with the Flo	orida Dept. of State)
N 1800001	10190
······································	Number of Corporation (if known)
mendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
. If amending name, enter the new name of the con	rporation:
ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name	The new orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADD</u>	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<i>x</i> y
 If amending the registered agent and/or registered new registered agent and/or the new registered of 	
· ·	Cobacal Stabatan
Name of New Registered Agent:	COUNTER 3 COUCTON
	3686 Coral Trea Circle
New Registered Office Address:	(Florida street address)
	(ovenest (reed on El 330)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent: I am familiar with and accept the obligations of the position.
47 ()	vid lada 😑 🗏
	Signature of New Registered Agent, if changing
	本 ():
	Signature of New Registered Agent, if changing Signature of New Registered Agent, if changing
	The Control of the Co
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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: X Change X Remove X Add	PT John D Y Mike Jo SV Sally S	ones	
Type of Action (Check One)	Title	Name	Address
1) Change Add	P	Ann Holderness	3686 (enal tree Circle
Remove 2) Change Add	P	Leslie Bravo	3686 Coral True Circle
X Remove 3) Change Add Remove	VP	Zachary Jones	36 86 (mal Tree Cucle Coconut (re: L FL 33073
4) Change Add	VP	Andrew L. Johnson	3686 (mattus Cinte
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
			······································
		, <u></u> , , , , , , , , , , , , , , , , , ,	

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The date of each amendment(s) adoption: 3/23/2020 date this document was signed. Effective date if applicable: 3/23/2020	, if other than the
Effective date if applicable: 3/23/2020	
(no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.			
Dated	3/23/2020	<u> </u>	/	
Signature	Zacho	my lous	/ au	e Helderners
(By t	he chairman or vice chairman of the not been selected, by an incorpor court appointed fiduciary by tha	rator — if in the hands of		
-	Zachary (Typed or p	Jones printed name of person s	ANN Agning)	Holderness
	VF	>	Pra	sident

(Title of person signing)