## N18 0000 10922

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## COVER LETTER

Steps to Success Charitable Foundation Inc. NAME OF CORPORATION: N18000010922 DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Adrienne Brown (Name of Contact Person) (Firm/ Company) 6907 NW 70th Ave. (Address) Tamarac, FL 33321 (City/ State and Zip Code) flbizgurl@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Adrienne Brown 954 562-0466 (Daytime Telephone Number) (Name of Contact Person) (Area Code) 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 Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

**Mailing Address** 

TO: Amendment Section

Division of Corporations

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

Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Steps to Success Charitable Foundation Inc

(Name of Corporation as curre	ntly filed with the Florid	a Dept. of State)
N18000010922		
(Document Num	ber of Corporation (if know	wn)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For F	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
Beyond Emancipation Inc.		The new
name must he distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name.	ation" or "incorporated"	•
B. Enter new principal office address, if applicable:	_N/R	
(Principal office address MUST BE A STREET ADDRESS		IAS 🛨
C. Enter new mailing address, if applicable:	110	SEE SY
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	_N/H	
		20 SA GE
		::
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		ter the name of the
	In	
Name of New Registered Agent: N	JK	
	(Flori	da street address)
New Registered Office Address:	7 1071	ad street unaressy
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent. I am fa		e obligations of the position.
	C: CV D	1.4
:	Signature of New Register	ed 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:  X_Change X_Remove X_Add	<u>V</u> <u>Mil</u>	n Doe te Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	NA	MA	NA
Add			
Remove	.'		SEC 19
2) Change			
Add	\		ARRI ARRI
Remove	Ì		
3) Change			FAIR PROPERTY OF THE PROPERTY
Add			
Remove	<i>,</i>		
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			·
Add			
Remove		Page 2 of 4	<del></del>

E.	lf amending or adding additional Art	ticles, enter change(s) here:			
	(attach additional sheets, if necessary).	(Be specific)			
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	e date of each amendm e this document was sign		, if other than the
I. cc	ostivu duta if applicabl	4-18-2019	
EH	ective date <u>if applicabl</u>	(no more than 90 days after amendment file date)	
	<del>_</del>	n this block does not meet the applicable statutory filing requirements, this date will not in the Department of State's records.	be listed as the
Ade	option of Amendment(	s) ( <u>CHECK ONE</u> )	
Ø	The amendment(s) was was/were sufficient for	s/were adopted by the members and the number of votes cast for the amendment(s) approval.	
	There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
	Dated	18-2019	
	Signature	the chairman or vice chairman of the board, president or other officer-if directors	
	hav	re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	
		Adrienne Brown	
	•	(Typed or printed name of person signing)	19 Ai
		President SA	FIL APR 22
		(Title of person signing)  FIGURE  FIG	
		A second	-