118000011599

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(Address	s)
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COVER LETTER .

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: RM+C Richardson, Incorporated					
DOCUMENT NUMBER: N 18000011599					
The enclosed Articles of Amendment and fee are submitted for filling.					
Please return all correspondence concerning this matter to the following:					
(Name of Contact Person)					
(Name of Contact Person)					
RMq-C Richardson, Incorporated (Firmy Company)					
470 Talamone Dr. (Address)					
(Address)					
Winter Haven, FL 33884 (City/ State and Zip Code)					
(City/ State and Zip Code)					
Sereneshift 77 @, gnaail.com E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
at					
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)					
Enclosed is a check for the following amount made payable to the Florida Department of State:	:				
☐ \$35 Filling Fee ☐ \$43.75 Filling Fee & ☐ \$43.75 Filling Fee & ☐ \$52.50 Filling Fee	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

Mailing Address
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

Arucia	of		
RM + C Richardso	in Incorpora	40-0	
(Name of Corporation as current	tly filed with the Florida D	ept, of State)	
N 1800	0011599		
	er of Corporation (if known))	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this F <i>lorida Not For Pr</i> o	fit Corporation adopts the following	
A. If amending name, enter the new name of the corporation	on:		
<i>N/A</i>	-	The new	
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ion" Of "incorporated" or	the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:	A / 1 3		
(Mailing address MAY BE A POST OFFICE BOX)	N/A		
		*	
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ac 		r the name of the	
	NIA	- n	
Name of New Registered Agent:	10/17		
	(Elarida (treet address)	
New Registered Office Address:	(rionua s	siree aures)	
		. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	A gent:		
I hereby accept the appointment as registered agent. I am fan		bligations 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: X_Change X_Remove X_Add	PT John C V Mike SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		NA	
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (attach additional sheets, if necessary). (Be specific)

* 5 · ·

Purpose:
The organization is organized exclusively for
charitable, religious, Educational, and scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding Section of any future federal tax code.
purposes under Section 501(c)(3) of the
Internal Revenue Code, or corresponding Section
of any future federal tax code.
Upon the dissolution of this organization,
assets shall be distributed for one or more
exempt purposes within the meaning of
Section 501(c)(3) of the Internal Revenue Code,
or corresponding Section of any future federal
tax code or shall be distributed to the federal
Government, or to a state or local government,
For a public purpose.
The intent of this business 15 to provide
knowledge and support to families in
impoverished underserved Communities.
Aid will be in the areas of education
Counseling Mealthcare, and Outreach Services.

The date of each amendment(s) adoption:	, it other than th
late this document was signed.	
Effective date if applicable: /2//8 (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 not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 12/12/18	
Signature In Land Lead	
(By the chairman of 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)	
1r. Crystal Richardson, Ed. D. (Typed or printed name of person signing)	
(I yped or printed name of person signing)	
Trasicle of person signing)	
(Title of person signing)	