N19000000593

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Amendhame

JUN 2 _Û ZUZU I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	No Limitations Glob	al Community Devel	opment Corpor	ration
DOCUMENT NUMBER: _	N19000000593			
The enclosed Articles of Amo	endment and fee are sub-	mitted for filing.		
Please return all corresponde	nce concerning this matte	er to the following:		
Kimberly A Robinson				
		(Name of Contact Pe	erson)	
		(Firm/ Company	·)	
166 Marquesa Circle				
		(Address)		
St. Johns, Florida 32259				
		(City/ State and Zip	Code)	
el.globalcdc@gmail.com				
E-	mail address: (to be used	for future annual rep	ort notification	n)
For further information conce	erning this matter, please	call:		
Dr. Kimberly'A Robinson		at	904	7705107
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pa	ayable to the Florida	Department of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	O Filing Fee scate of Status sed Copy tional Copy is sed)

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

to Limitations Global Community Development Corporation as currently filed with the Florida N19000000593 (Document Num	projection of the contract of
N19000000593 (Document Numersuant to the provisions of section 617.1006, Florida State	of tion a Dept. of State) mber of Corporation (if known)
N19000000593 (Document Numersuant to the provisions of section 617.1006, Florida State	a Dept. of State) nber of Corporation (if known)
N19000000593 (Document Numersuant to the provisions of section 617.1006, Florida State	a Dept. of State) nber of Corporation (if known)
(Document Num	nber of Corporation (if known)
ursuant to the provisions of section 617.1006, Florida State	nber of Corporation (if known)
	•
	tutes, this Florida Not For Profit Corporation adopts the following
If amending name, enter the new name of the corpor	ration:
xceeding Limitations Global Community Development Co	orporation The ne
me must be distinguishable and contain the word "corpor Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc.
Enter new principal office address, if applicable:	10700 Beach Blvd
rincipal office address <u>MUST BE A STREET ADDRES</u>	Jacksonville, Florida 32246
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P. O. Box 54663
(Manual Cos <u>1911 22 71 102 2011)</u>	Jacksonville, Florida 32246
If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	e address:
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	(City) , Florida (Zip Code)
	(City) (Zip Code)

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 <math>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 Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	Presiden	Kimberly A Robinson	166 Marquesa Circle
Remove			St. Johns, Florida 32259
2) × Change Add	V. Presic	Leapolia S. Robinson	166 Marquesa Circle St. Johns, Florida 32259
Remove 3)	Secretar	Leovia C. Pugh	166 Marquesa Circle St. Johns, Florida 32259
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	·- ·		
			

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The data of such amendment(s) adoptions		if other than the
		_, ii outer man the
date this document was signed.		
Effective date if applicable:		
(n	o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will not	be listed as the
	CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

) 7	here are no membe	ers or members entitled to vote on the amendment(s). The amendment(s) was/were
í	idopted by the boar	d of directors.
	Dated _ Signature _ (E	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 fiduoiary by that fiduciary)
		Kimberly A Robinson
		(Typed or printed name of person signing)
		President

(Title of person signing)