N19000001358

| (Requestor's Name) | |
|---|------|
| | |
| (Address) | |
| | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| <u> </u> | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| | |
| Certified Copies Certificates of Sta | tus |
| | |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |
| | |
| | |
| (45) | |
| I VHU | |

Office Use Only



400327617084

04/11/19--01019--016 ++85.03

19 APR 29 M 8:15

APR 3 0 7019 S. YOUNG



April 16, 2019

DUNIA LAZO 2355 SE 4TH PLACE HOMESTEAD, FL 33033

SUBJECT: BEYOND THE RAINBOW ACADEMY INC.

Ref. Number: N19000001358

We have received your document for BEYOND THE RAINBOW ACADEMY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

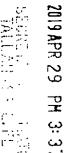
Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 319A00007727



COVER LETTER

Division of Corporations The Rainbow Academy, Inc NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State. S35 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 enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section Division of Corporations Clifton Building

Articles of Amendment to

10 Articles of Inco

| Artick | es of Incorporat | 1011 | | |
|---|-------------------------------|---------------------|----------------------|------------------|
| Beyond The | Rainbou | s Acaden | ny Inc. | |
| (Name of Corporation as curre | ntly filed with t | he Florida Dept. | of State) | |
| N190000 | 0135 | 8 | · | |
| (Document Num | ber of Corporati | on (if known) | | |
| Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation: | tes, this <i>Florida</i> | Not For Profit Co | orporation adopts t | he following |
| A. If amending name, enter the new name of the corpora | tion: | | | |
| N.1.1 | A | | | The new |
| name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name. | ation" or "incor | porated" or the a | bbreviation "Corp. | "or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS | NA | | | |
| | | | 32- | 19 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N_)A | | 2** 2 5 | FII E |
| | | | | |
| D. If amending the registered agent and/or registered off new registered agent and/or the new registered office | | lorida, enter the | name of the | - (** |
| Name of New Registered Agent:N |) | | | |
| New Registered Office Address: | | iFlarida street . | addrewj | |
| | | | , Florida | |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if changing Registered thereby accept the appointment as registered agent. I am f | d Agent: Camiliar with and | l accept the obliga | uions of the positio | ग. |
| | Signature of Ne | w Registered Agei | и, 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 Doe V Mike Jones SV Sally Smith | |
|----------------------------------|---|---|
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | <u>Addres</u> s |
| 1) Change Add Remove | D Lazo, Dunia | 2355 SE 4th Place Homestead, FL 33033 |
| 2) Change Add | | |
| Remove 3) Change Add | | |
| Remove 4) Change Add | | |
| Remove 5) Change | | |
| Add Remove | | |
| 6) Change Add Remove | | |

| If amending or adding a attach additional sheets, | if necessary). | (Be specific) | | | | |
|--|----------------|----------------|-------------|---|---|-------------|
| | | NIA | | | | |
| | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | . | | | " | |
| | | | | | | |
| - · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | · ·· | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | - · · - · · · · · · · · · · · · · · · · | |
| | | | | | | |
| | | | | · - · · · · · · · · · · · · · · · · · · | | |
| | | | | ··- | | |
| | | | -1 | | | |
| | | | | | | |
| | | | | | | |
| | | . . | | | | |
| | | | | | · - | |
| | | | | | - | |
| | | | • | | | |
| | | | | | | |
| | | | | | | |
| | • | | | | · =- | |
| | · · · · | | | | | |
| | | | | | | |
| | | | | | | |

| The date of each amendment(s) adopt | tion: | , if other than th |
|--|--|-------------------------|
| ate this document was signed. | | |
| Offective date if applicable: | | |
| | (no more than 90 days after amendment tile date) | |
| Note: If the date inserted in this block locument's effective date on the Depart | does not meet the applicable statutory filing requirements, this date witment of State's records. | II not be fisted as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adop was/were sufficient for approval. | ted by the members and the number of votes cast for the amendment(s |) |
| There are no members or members adopted by the board of directors. | s entitled to vote on the amendment(s). The amendment(s) was/were | |
| Dated | 22-2019 | |
| Signature (By the charma | n or vice chairman of the board, president or other officer-if directors | |
| have not been s | selected, by an incorporator - if in the hands of a receiver, trustee, or sointed fiduciary by that fiduciary) | |
| | Dunia Lazo | |
| | (Typed or printed name of person signing) | |
| | Director | |
| | (Title of person signing) | |