NIQ 000001374

(Requ	uestor's Name)	
(Addı	ess)	
(Addr	ress)	<u>,</u>
(City/	State/Zip/Phone	e #)
		MAIL
	ness Entity Nar ument Number)	
Certified Copies		s of Status
Special Instructions to Fi	ling Officer:	
		4

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10/06/20--01003--015 **52.50

RECEIVED OCT 0 5 2020

> FILED 2020 OCT -5 PH 4: 50 SECRETARY OF STATE

11/17/20

COVER LETTE	<u>R</u>			
TO: Amendment Section Division of Corporations				
Embrace Arms Foundation INCOR	PORATED '			
NAME OF CORPORATION:				
N19000001374				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Lagny Victor				
(Name of Contact Per	rson)			
EMBRACE ARMS FOUNDATION INC				
(Firm/ Company))			
2677 Forest Hill Blvd, Suite 125				
(Address)				
Palm Springs, Florida 334	406			
(City/ State and Zip C	Code)			
Lvictor@embracearms.org				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please call:				
Lagny Victor	561 401 8018			
atatatat	(A. O. I.) (D. C. T.I. L. M. M. B.			
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida D	Department of State:			
\$35 Filing Fee \$\$43,75 Filing Fee \$\$ Certificate of Status (Additional copy is enclosed)	Certificate of Status			
Amendment SectionAmendment SectionDivision of CorporationsDivisionP.O. Box 6327TheTallahassee, FL 32314241	eet Address condment Section ision of Corporations c Centre of Tallahassee 15 N. Monroe Street, Suite 810 lahassee, FL 32303			

COVER LETTER

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. Artic	Articles of Amendment to	FILED
Articl	es of Incorporation	2020 OCT -5 PM 4:50
Embrace Arms foundation Incorporated	of	
(Name of Corporation as currently filed with the Florida	Dent_of State)	
N19000001374	Dept. of State	PRENAMOTATIVE
(Document Nun	ber of Corporation (if ki	nown)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	ntes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor-	ation:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated	l" or the abbreviation "Corp." or "Inc."
<u>Company or Co. may not be used in the name</u> .	2677 forest hill blvd	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S</u>) unit 125	· · · · · · · · · · · · · · · · · · ·
	Palm Springs F1 3340	16
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2677 Forest Hill Blv	d
	Unit 125	
	Palm Springs F1. 33-	нж,
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		enter the name of the
Name of New Registered Agent:		
		orida street address)
<u>New Registered Office Address;</u>		
		, Florida
	(City)	(Zip Code)

. . . .

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mik</u>	<u>1 Doc</u> c Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addrçs</u> s
1) Change Add	<u>T</u>	JEROME STEPHENSON	101 S Federal Highway Boyton Beach Fl. 33435
X Remove			
2) Change Add	<u>s</u>	AUGUSTIN PIERRE	711 NE 50th Fort Lauderdale FL 33334
X Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add		·	
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh		Articles, enter change(s) here: v). (Be specific)	
I- Jerome Stephenson shoul	ld be removed from t	he Embrace Arms Foundation	
2- Augustin Pierre Resigned	from the Embrace A	rms Foundation	

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The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after amenament file date) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ts, this date will not be listed as the

Adoption of Amendment(s) (CHECK ONE)

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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.

4/25/2020 Dated Signature (By the charman or vice chairman of the board, president or other officer-if directors

(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 fiduciary by that fiduciary)

Dr. Lagny P Victor

(Typed or printed name of person signing)

(Title of person signing)