N1900000 1381

(Re	equestor's Name)	
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: N190000 138 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) (Address) (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee \\$\times\$\\$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

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

1.1	_		VI	
ttof	FOR_	TOMORROW		
(Name of Corp	oration as current	ly filed with the Florida I	Dept. of State)	
	N:	190000 138	1_	
			er of Corporation (if known)	
	provisions of section its Articles of Inco		es, this Florida Not For Profit Corporation adopts th	e following
A. If amending	name, enter the n	new name of the corporat	ion:	
				The new
			tion" or "incorporated" or the abbreviation "Corp."	or "Inc."
	<u>"Co." may not be u</u> principal office ado		1612 CORONADO RO	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS				7.0
			30	, <u>; ; </u>
	mailing address, if dress <u>MAY BE A</u> P	<u> applicable:</u> POST OFFICE BOX)	1612 CORONAdo Rd	1 7 28
			FORT Myers, FL 33901	5月 美国
			<u> </u>	FT1
		ent and/or registered offi he new registered office a	ce address in Florida, enter the name of the	
new registe		gistered Agent: July		
			a Coronado Rd	
	New Registered	Office Address:	(Florida street address)	
		FOR	T Myers Florida 33 (City) (Zip Code)	3901
Nam Danistana	4 4		•	
			miliar with and accept the obligations of the position.	
		Si	Inature 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: XChange X Remove X Add		<u>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change Add	<u>P</u>	July Gurgel	1612 Coeonado Rd Ft Myers, FL 33901
Remove 2)	<u>S</u>	Hector Gonzalez	1612 Coronado Rd Ft Myers FL 33901
Remove Change Add Remove	T	TANIA CARDOSO	8930 Dorchester St Fort Myers FL 33907
4) Change Add			
Remove			
5) Change Add			SECRE
Remove 6) Change Add			
Remove E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	77 V - 17 V
	•		ose for which this
corporation	is organ	ized is to empower	and uplift other
<u>charitable</u>	organizo	III: the specific purp lized is to empower ations by providing	essential financial
Resources	strategi	c support, and colla	borative opportunities
Jala are dad	liastad +	to Costavino a notivo	ak at Hillians

non-profits ens	suring they have the means a achieve their unique missions	und
guidance to	achieve their unique missions	and
maximize the	ir impact on the communitie	s they
Serve.	<u> </u>	<u> </u>
		 .
		- · .
		·
		
The date of each amendment(s) ac date this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as was/were sufficient for approve	dopted by the members and the number of votes cast for the amendmental.	ent(s)

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 05/19/2024
Signature
(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by antipcorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
July Gurgel
(Typed or printed name of person signing)
President (Title of person signing)

2024 HAY 28 FH 1: 19 SECRETARY 65 2 FT