Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : VDT CORPORATE SERVICES

Account Number : I20180000047 : (305)878-1516 Fax Number : (786)542-5995

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN OUR KIDS, OUR FUTURE CORP

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Corporate Filing Menu

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COVER LETTER

Division of Corporations	
OUR KIDS, O	UR FUTURE CORP
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	e submitted for filing,
Please return all correspondence concerning this	matter to the following:
JOAO PEDRO VOLZ	
	(Name of Contact Person)
VDT CORPORATE SERVICES LLC	
	(Pirm/ Company)
150 SE 2ND AVE SUITE 905	
	(Address)
MIAMI, FL 33131	
	(City/ State and Zip Code)
CCOUTO@SAINTJOSEPHGROUP.COM	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	vicase call:
JOAO PEDRO VOLZ	305-5039867
(Name of Contact Po	
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
■ \$35 Filing Fee	e & S43.75 Filing Fee & S52.50 Filing Fee atus Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314

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

OUR KIDS, OUR FUTURE CORP			
Name of Corporation as currently filed with the Flor N19000003975	ida Dept, of State)		
	furnber of Corporation (if	kvavav	
(Document N	dimber of Corporation (If	kitowit)	
Pursuant to the provisions of section 617.1006, Florida Simendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Not F</i>	For Profit Corporation adopts the	: following
A. If amending name, enter the new name of the corp	ooration:	•	
h Jini minhahla adam dha adam dha adam dha a	manufacture V and III announce	-10 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1	_The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name,	poration or incorporati	za or the appreviation Corp.	or inc.
B. <u>Enter new principal office address, if applicable;</u> Principal office address <u>MUST BE A STREET ADDR</u>	ESS)		
			E. K
		1	- <u>-</u> 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Indusing against MAT BE A FOST OFFICE BOX)			
			W
			. >-
If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida	a, enter the name of the	AH 9: 05
	HE HARLEST	- *	
Name of New Registered Agent:			
·		Florida street address)	
New Registered Office Address:	ľ	To the trace and the trace	
		Florida	
	(Clty)	(Zip Code)	
New Registered Agent's Signature, if changing Regist	ered Agent:		
hereby accept the appointment as registered agent. I a		of the obligations of the position.	
	-		
•	Signature of New Regis	stered Agent, if changing	

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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, Sully 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 So	nies		20 MAR I
Type of Action (Check One)	Title	<u>Name</u>	Address	<u>.</u> ω ε
1) Change Add				8. C
Remove				
2) Change Add				
Remove 3) Remove Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or addin (attach additional shee	ng additional Arti is, if necessary).	cles, enter change(s) here: (Be specific)		
PLEASE ADD THE FOL	LOWING TO TH	TE ARTICLES:		
UPON THE DISSOLUTI	ION OF THE OR	GANIZATION, ASSETS SHALL BE DISTR	IBUTED FOR ONE C	R MORE
EXEMPT PURPOSES W	ITHIN THE ME	ANING OF SECTION 501 (C)(3) OF THE IN	TERNAL REVENUE	CODE,
OR CORRESPONDING	SECTION OF AN	NY FUTURE FEDERAL TAX CODE, OR SE	ALL BE DISTRIBU	red to the
PEDERAL GOVERNME	ENT, OR TO A ST	'ATE OR LOCAL GOVERNMENT, FOR A	PUBLIC PURPOSE	

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The date of each amendment(s) adoption: date this document was signed.	, if other (than the
Effective date <u>If applicable</u> : MARCH 11th, 2020		
(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, document's effective date on the Department of State's records.	this dute will not 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 am was/were sufficient for approval.	nendment(s)	

H200000827933

Dated	March 11th, 2020			
Signatur	(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)			
	(Typed or printed name of person signing)			
	Title of person signing)	超度	20	
	·) MAR 13	-T
			AM 9005	