## N 1900000 5006

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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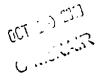
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09/29/19--01098--030 \*\*

2410 SEP 23 PH 2: 31



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Positive People Network, Inc.  NAME OF CORPORATION:					
DOCUMENT NUMBER: _	\$19000005006				
The enclosed Articles of Amo	endment and fee are subm	nitted for filing.			
Please return all corresponde	nce concerning this matter	to the following:			
Alecia M. Tramel					
	!	(Name of Contact I	Person)		
POSITIVE PEOPLE NETW	ORK, INC.				
		(Firm/ Compar	ıy)		
19202 NW 34TH COURT					
		(Address)			
MIAMI GARDENS , FL 330	)56				
	(	City/ State and Zip	Code)		
positivepeoplenetwork[1]@g	mail.com				
E.	mail address: (to be used	for future annual re	port notificati	on)	
For further information conc	erning this matter, please o	call:			
ALECIA M. TRAMEŁ		а	305 it _	494-4538	
(	(Name of Contact Person)			) (Daytime Telepho	ne Numb
Enclosed is a check for the fe	ollowing amount made pay	vable to the Florida	Department of	of State:	 
■ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	□S43.75 Filing Fed Certified Copy (Additional copy enclosed)	is Cert (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)	
P.O. Box 6	nt Section f Corporations	A D C	treet Address inendment Se livision of Cor lifton Building 661 Executive	ction porations	

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of

POSITIVE PEOPLE NETWORK, INC.

(Name of Corporation as curre	ently filed with the Florida Dept. o	of State)
N19000005006		
(Document Num	ober of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For Profit Co</i>	rporation adopts the fol
A. If amending name, enter the new name of the corpora	ition:	
K . /		
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the ab	breviation "Corp. " or '
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>~//t</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
D. If amending the registered agent and/or registered of	fice address in Florida, enter the	name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:	NI/A	
New Registered Office Address:	(Florida street a	ddressi
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	ed Agent: familiar with and accept the obligat	tions of the position.
	New Registered Agent	
	Signature of New Registered Agent	, if changing

Page 1 of 4

P = President; V = V	ice President: T= FO = Chief Fina	ncial Officer. It an officer/director ho	or; TR = Trustee; C = Chairman or Clerk; C dds more than one title, list the first letter of c
Changes should be no a change, Mike Jones Mike Jones, V as Ren	s teaves the corpo	pration, Sally Smith is named the V an	isted as the PST and Mike Jones is listed as t d S. These should be noted as John Doc, PT
Example: X Change X Remove X Add	$\underline{V}$ $\underline{\underline{M}}$	<u>hn Doe</u> ike Jones illy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	La Tasha Mills	675 NW 56 Street
Add * Remove			Miami, Florida 33127 UN
2) Change	D	Freda Jones	5540 Turnbridge Wells Road
Add			Litgonia, GA. 30058 UN
* Remove			
3 ) Change	D	Gena GRANT	62 NW 161 Street
* Add			Miami, fl. 33169 UN
Remove			
4) Change		,	
Add			1
Remove			
5) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove		Page 2 of 4	
		rage 2 of 4	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and ti

address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

		9/17/2019	
The	date of each ame	dment(s) adoption:	<u> </u> , ii
date	this document was	signed.	l
Effe	ctive date <u>if appli</u>	rable:	<u>i</u>
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.	bi be li
Adoption of Amendment(s)		ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) t for approval.	
	There are no mem adopted by the be	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	9/17/2019	į
	Signaturo		
		(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)	
		ALECIA M. TRAMEL	
		(Typed or printed name of person signing)	
		President of Board (Title of person signing)	
		( ) the or person signing)	