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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Step Up America Fo	oundation, Inc.		
N19000006181 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and see are sub	mitted for filing.		
Please return all correspondence concerning this mat	er to the following:		
Ira W. McCollum, Jr			
	(Name of Contact Person)		
	(Firm/ Company)		
600 Thistlewood Court			
	(Address)		
Longwood, Florida 32779			
	(City/ State and Zip Code)		
iwmjr@cfl.rr.com			
E-mail address: (to be use	d for future annual report notificat	ion)	
For further information concerning this matter, pleas	e call:		
Ira W. McCollum, Jr	407-353-4640		
(Name of Contact Perso	1) (Area Code	(Daytime Telephone Number)	
Enclosed is a check for the following amount made p	ayable to the Florida Department	of State:	
☐ \$35 Filing Fee	Certified Copy Cer (Additional copy is Cer enclosed) (Ad	.50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)	
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations	Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Step Up America Foundation, Inc.		
Name of Corporation as currently filed with the Florida I	Dept. of State)	
N19000006181		
(Document Numb	er of Corporation (if known)	***************************************
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
N/A		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the	
B. Enter new principal office address, if applicable:	1511 U.S. Highway 1, Suite 2	203
(Principal office address MUST BE A STREET ADDRESS	Sebastian, FL 32958	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1511 U.S. Highway 1, Suite 2	203
	Sebastian, FL 32958	
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a Name of New Registered Agent: N/A		ne name of the
	(Florida stree	et address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the oblig	gations of the position.
Si	ignature of New Registered Age	ent, 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 Do V Mike Jo SV Sally Sn	<u>nes</u>			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change Add	<u>PCD</u>	Ira W. McCollum, Jr.	600 Thistlewood Court Longwood, FL 32779		
2) Change Add	PCD_	Henry A. Fischer	520 Blue Island St. Sebastian, FL 32958		
Remove 3) Change Add Remove	SD	Bonny Shiflett	2714 Monica Lane Cantonment, FL 32533		
4) Change Add	<u>SD</u>	Joan Livingston Johnson	535 39th Ct. SW Vero Beach, FL 32968		
Remove 5) Change Add	<u>TD</u>	Richard Nugent	11131 Heathrow Ave. Spring Hill, FL 34609		
 X Remove 6) Change X Add 	<u>TD</u>	Karen M.S. Hiltz	502 Hibiscus Avenue Sebastian, FL 32958		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
<u>N/A</u>					

		
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	D 1 16 2003	
The date of each amendment(s) adoption	in:	, if other than the
date this document was signed.		
January 17	7, 2024	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 70 days after amenament file date)	
<u>Note:</u> If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be the state's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were