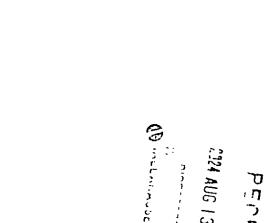
## N 19 00000 6658

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ACQUIE AVE	engers INC.
DOCUMENT NUMBER: N 190000 665	58
The enclosed Articles of Amendment and fee are submitted for filing	ng.
Please return all correspondence concerning this matter to the follo	wing:
William Kendric	K Je.
	ntact Person)
(Firm/ C	ompany)
7746 Southside	Bluz adment 1007
(Add	ress)
Jacksonville F1, 322.	56
Shonikka brobksa E-mail address: (to be used for future an	gmail com
E-mail address: (to be used for future an	Paral report notification)
For further information concerning this matter, please call:	
William Kendrick Tr (Name of Contact Person)	at (904) -444-1927
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the I	Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$4	opy Certificate of Status
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to

Articles of Incorporation

0 / 1	of	
Hrayle Itvengers	INC,	
(Name of Corporation as currently filed with the Florida	Dept, of State)	
0b)000001/1	58	
(Document Numb	per of Corporation (if known)	<del></del>
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts	the following
A. If amending name, enter the new name of the corporat	tion:	
		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	ition" or "incorporated" or the abbreviation "Corp	." or "Inc."
B. Enter new principal office address, if applicable:	7748 South side	Blud
(Principal office address <u>MUST BE A STREET ADDRESS</u>	4 1007 Jacksoni	ile_
	Fl 32256	024/
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	;
(maining matress MAT BE A POST OFFICE BOX)		<del></del>
		<del>" </del>
D. If amending the registered agent and/or registered offi	ice address in Florida, enter the name of the	Ċī
new registered agent and/or the new registered office a		
Name of New Registered Agent:	William Kendrick Ir	
<u>774</u>	O Southside Blyd	# 1007
New Registered Office Address:	(I-lorida street address)	
Jac	Ksonville Florida 3 (City) (Zip Code)	32256
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligations of the positio	n.

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: X Change X Remove X Add	PT John L V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	5_	Shonikka Brooks	7740 SUMNSICIE 15140 # 1007 JAKEI 32250
Remove 2) Change Add	P	Paul Owens	Jacksonville
Remove 3) Change Add Remove		<del></del>	
4) Change Add			
Remove			
5/ Change Add			
Remove			
6) Change Add	<del></del>		
Remove			<del></del>
E. <u>If amending or additional sheet</u>		icles, enter change(s) here: (Be specific)	
to organ	nize, p	e of this conduction and conductions for the	rganization is ct an community.

The purpose is to present
an educational program for young
adults to prevent crime and
develop skills by providing the
Knowledge of min's reague fixthall.
Also staying active in the
community by airling back during
holidaus, injunteering in the ritur
aroliding free 1112th camps and back to
SCHON drives.
The date of each amendment(s) adoption: $8-13-24$ . if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)

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.
Dated 8-13-24
Signature (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)
William Kendrick Tr (Typed or printed name of person signing)
President
(Title of person signing)