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PICK-UP WAIT MA	AIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: S & S Foundation.	Inc.	
	1BER: N19000006777		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Sherena Strong		
		Name of Contact Person	1
	S & S Foundation Inc.		
		Firm/ Company	
	PO Box 181334		
		Address	
	Tallahassee, Fl. 32303		
		City/ State and Zip Cod	e
		•	
	ssfoundationusa@gmail.com	sed for future annual report	
For further informati Sherena Strong	ion concerning this matter, pleas		
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

S&S FOUNDATION, INC.			
(Name of Corporation as currently	filed with the Florida Dept. of State)	
N19000006777			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the fo	ollowing an	nendment(s) to
A. If amending name, enter the new name of the corporation:			
		Th	e new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abb professional corporation name must	reviation "	Corp.,"
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		:::: Z	;
	-		- रस्म
		<u> </u>	
C. Enter new mailing address, if applicable:		ال :	J F
(Mailing address MAY BE A POST OFFICE BOX)			g III
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D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:			_
Name of New Registered Agent			
(Florida stre	ret address)		
New Registered Office Address:	, Florida		
,	Cityi	(Zip Code	ソ
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		sition.	
Signature of New Re	egistered Agent, if changing		
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	CEO	Sherena Strong	
Add			
Remove			
2) Change	VP	Shalisa Turner	1900 Raa Ave
X Add			Tallahassee, FL 32303
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			·
Add			
Remove			

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an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
an amendment provides for an excl rovisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing req	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors withou	ut shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east fo sufficient for approval.	or the amendment(s)
	pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the a	
"The number of votes ca	st for the amendment(s) was/were sufficient for approva	1
by	(voting group)	.*
5/9/24 Dated	Sherena Strong	
(By a selec	director, president or other officer – if directors or office ted, by an incorporator – if in the hands of a receiver, truinted fiduciary by that fiduciary)	
	Sherena Strong	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	