

N19000007074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

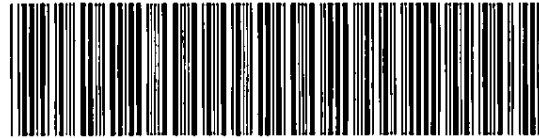
(Business Entity Name)

(Document Number)

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JUL 13 AM 8:42
TALLAHASSEE, FL

2021 JUL 13 PM 1:59

JUL 2 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2021

K. LENNORRIS BARBER 2ND MAILING
P.O. BOX 6364
TALLAHASSEE, FL 32314

SUBJECT: FT SQUARED COMMUNITY DEVELOPMENT CORPORATION
Ref. Number: N19000007074

We have received your document for FT SQUARED COMMUNITY DEVELOPMENT CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 221A00016299

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FT Squared Community Development Corporation

DOCUMENT NUMBER: N19000007074

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

K Lennorris Barber

(Name of Contact Person)

FT Squared Community Development Corporation

(Firm/ Company)

1211 W. Thape Street

(Address)

Tallahassee, FL 32304

(City/ State and Zip Code)

klenorris@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

K Lennorris Barber

(Name of Contact Person)

850

at

543-7655

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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
of

FT Squared Community development Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

N19000007074

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1606, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1211 Tharpe Street

Tallahassee, FL 32303

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O. Box 6364

Tallahassee, FL 32314

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

AL'S CommunityBusiness Services LLC

818 W. Brevard Street

(Florida street address)

New Registered Office Address:

Tallahassee

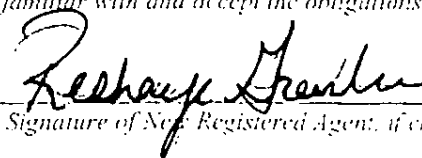
(City)

Florida 32304

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>Beverly Williams</u>	<u>P. O. Box 6364</u> <u>Tallahassee, FL 32314</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>Mutaqee Akbar</u>	<u>P. O. Box 6364</u> <u>Tallahassee, FL 32314</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>Officer</u>	<u>Miaisha Mitchell</u>	<u>P. O. Box 6364</u> <u>Tallahassee, FL 32314</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>Officer</u>	<u>Darryl Scott</u>	<u>P. O. Box 6364</u> <u>Tallahassee, FL 32314</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>Officer</u>	<u>Curtis Taylor</u>	<u>P. O. Box 6364</u> <u>Tallahassee, FL 32314</u>
<input checked="" type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>Officer</u>	<u>Sabrita Thurman-Newby</u>	<u>P. O. Box 6364</u> <u>Tallahassee, FL 32314</u>
<input checked="" type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change
☐ Add

Officer

James Bellamy

P. O. Box 6364

Tallahassee, FL 32314

☒ Remove

2) ☐ Change
☐ Add

Officer

Ann Roberts

P. O. Box 6364

Tallahassee, FL 32314

3) ☒ Change
☐ Add
☐ Remove

SVP

K. Lennorris Barber

P. O. Box 6364

Tallahassee, FL 32314

4) ☐ Change
☒ Add

@VPD

Reshav Greenlee

P. O. Box 6364

Tallahassee, FL 32314

Reshaye Greenlee

☐ Remove

5) ☐ Change
☒ Add

@VPD

Jaworski Vance

P. O. Box 6364

Tallahassee, FL 32314

☐ Remove

6) ☐ Change
☒ Add

P

Aylwin L Smith

P. O. Box 6364

Tallahassee, FL 32314

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

- ☐ 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 July 9, 2021

Signature K. Barber
(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)

K. Lennorris Barber
(Typed or printed name of person signing)

Vice President
(Title of person signing)