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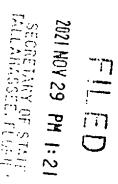
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	nevolence Fund, Inc	:. 	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submit			
Please return all correspondence concerning this matter	to the following:		
Felita Boldin			
4)	Same of Contact Per	son)	
JDB Education and Benevolence Fund, Inc.			
	(Firm/ Company)	<u> </u>	
24 Bass Avenue SW			
	(Address)		
Fort Walton Beach, FL 32548			
(C	ity/ State and Zip C	ode)	
felita.boldin@verizon.net			
E-mail address: (to be used for	or future annual repo	ort notification)
For further information concerning this matter, please ca	ill:		
Felita Boldin	at	334	538-0677
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida D	epartment of !	State:
	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	cate of Status ed Copy ional Copy is
Mailing Address Amendment Section Division of Corporations	Ame	et Address endment Secti sion of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED 2021 NOV 29 PM 1:21

JDB Education and Benevolence Fund, Inc.

(Name of Corporation as currently filed with the Florida	Dept. of State)	
N19000008099		
(Document Nun	nber of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida State amendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not</i> .	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	<u>ation:</u>	
JDB Education and Benevolence Foundation. Inc.		The new
name must be distinguishable and contain the word "corpor" Company or "Co," may not be used in the name.	ration" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u>S</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		to contact the proper of the
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		ia, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		ept 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: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	SV Sally S Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove 2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or adding (attach additional shee	ng additional Art	icles, enter change(s) here: (Be specific)	

		-
,		
		
		<u> </u>
		
		 _
The date of each amendment(s) adoption: date this document was signed.	10/25/21	_, if other than the
Effective date if applicable:		
(1	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not but of State's records.	oe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	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 adopted by the board of directors.
Dated 11/22/21
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)
Felita Boldín
(Typed or printed name of person signing)
Secretary
(Title of person signing)