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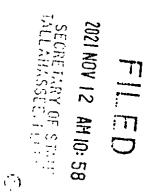
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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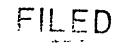


COVER LETTER

TO: Amendment Section Division of Corporations

Johnnie Gillens Da	ivis Foundation Inc		
N19000010081			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Brittney Ortiz, CEO			
	(Name of Contact P	erson)	
Johnnie Gillens Davis Foundation Inc.			
	(Firm/ Compan	y)	
5917 Weston Oaks Drive			
	(Address)		
Orlando, Florida 32808			
	(City/ State and Zip	Code)	
johnniegillensdavisfoundationine@gmail.org			
E-mail address: (to be use	ed for future annual re	port notification	n)
for further information concerning this matter, pleas	se call:		
JD Davis Jr. President	at	321	9479612
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Inclosed is a check for the following amount made [payable to the Florida	Department of	State:
\$\$\$35 Filing Fee		Certifi is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		reet Address mendment Secti	on

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

2021 NOV 12 AM 10: 58
SECRETARY OF STATE TALLAHASSEE, FILLING

Johnnie Gillens Davis Foundation Inc

(Name of Corporation as currently filed with the F	lorida Dept. of State)	
N19000010081		
(Documen	nt Number of Corporation (if I	known)
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not F	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
N/A		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporate	
B. Enter new principal office address, if applicable	5917 Weston Oaks I	Drive
(Principal office address <u>MUST BE A STREET AD</u> I		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	(NX) 5917 Weston Oaks	Drive
D. If amending the registered agent and/or registe		, enter the name of the
new registered agent and/or the new registered	/A	
Name of New Registered Agent:		
_		
New Registered Office Address:	(F	lorida street address)
	/A	ri
_	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		t the obligations of the position.
	Signature of New Revis	tered 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 A Add	PT V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>le</u>	<u>Addres</u> s
. 1) Change Add				
Remove				
2) Change Add				
Remove 3)	·- ·- ·			
4) Change Add		· -		
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or addin (attach additional shee	g additio ts, if nece.	nal Articles, e ssary). (Be s	enter change(s) here: specific)	
We will bring Human Ser	vices into	the undersery	ed communities we serve. This will be	done by partnering with
organizations that provide	free heal	theare services	s; free dental check-ups; Free Breast Co	ancer screenings and etc.
We will open weekend so	hools in u	nderserved co	mmunities that teach coding. We will r	prepare kids & residents for this 21st
century job market.				<u> </u>
We will bring Social Serv	ices into	he underserve	d communites i.e. addressing food inse	curity and related issues

			
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	·		
	date of each amendment(s) adoptithis document was signed.	on;	, if other than the
F ffe	ctive date <u>if applicable</u> :		
	паррисание.	(no more than 90 days after amendment file date)	
<u>Note</u> docu	: If the date inserted in this block doment's effective date on the Departr	oes not meet the applicable statutory filing requirements, this date will not b	e listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopte was/were sufficient for approval.	ed 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 November 6, 2021
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)
JD Davis Jr.
(Typed or printed name of person signing)
President
(Title of person signing)