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COVER LETTER

TO: Amendment Section Division of Corporations

| • | | | |
|--|--|------------------------------|--|
| NAME OF CORPORATION: | ELOPMENT WITH- C | TINUMMO | ' ENGAGEMENT, INC. |
| N19000011257 | | | |
| DOCUMENT NUMBER: | | - | |
| The enclosed Articles of Amendment and fee are sub | mitted for filing. | | |
| Please return all correspondence concerning this matt | er to the following: | | |
| VERONICA WALKER | | | |
| | (Name of Contact Per | son) | |
| | (Firm/ Company) | | |
| | (i iiiii Company) | | |
| 3555 SW 90TH AVE | | | |
| | (Address) | | |
| MIRAMAR, FL 33025 | | | |
| | (City/ State and Zip C | ode) | |
| W.VERONICA7@GMAIL.COM | | | |
| E-mail address: (to be used | d for future annual repo | rt notification | 1) |
| For further information concerning this matter, please | call: | | |
| VERONICA WALKER | at | 786 | 546-8001 |
| (Name of Contact Person | | | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made p | ayable to the Florida De | epartment of | State: |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certif Certif | 0 Filing Fee icate of Status ied Copy tional Copy is osed) |
| Mailing Address | | et Address | |
| Amendment Section Division of Corporations | | endment Sect sion of Corp | |

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| ECONOMIC DEVELOPMENT WITH- COMMUNITY EN | GAGEMENT, INC. | |
|---|-----------------------------------|---|
| (Name of Corporation as curren | tly filed with the Florid | la Dept. of State) |
| N19000011257 | | |
| (Document Numb | er of Corporation (if kno | own) |
| Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this <i>Florida Not For</i> a | Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporati | ion: | |
| ECONOMIC DEVELOPMENT WITH ON-GOING COMM | UNITY ENGAGEMEN | T, INC. The new |
| name must be distinguishable and contain the word "corporal "Company" or "Co," may not be used in the name. | tion" or "incorporated" | |
| B. Enter new principal office address, if applicable: | N/A | |
| (Principal office address MUST BE A STREET ADDRESS) |) | 2019 |
| | | |
| | | |
| C. Enter new mailing address, if applicable: | A 1 /A | |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A | |
| | | <u>ं</u> यं |
| | | |
| | | · · · · · · · · · · · · · · · · · · · |
| D. If amending the registered agent and/or registered office | | nter the name of the |
| new registered agent and/or the new registered office a | Δ/ /Δ | |
| Name of New Registered Agent: | IV/A | |
| | | |
| New Registered Office Address: | (Flor | nda street address) |
| | | |
| | (City) | , Florida (Zip Code) |
| | • | , , |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa- | Agent: miliar with and accept the | he oblivations of the position |
| meren, weeeps me appointment as registered agent. I am ju | r | was granted by the profittion |
| \ | √/A | |
| <u> </u> | ignature of New Register | red 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 | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|------------------------------------|---------------------------------------|-----------------|
| Type of Action (Check One) | <u>Title</u> | Name / | <u>Addres</u> s |
| 1) Change | | | |
| Add | | $/ \wedge$ | |
| Remove | | / P | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (attach additional sheets, if necessary). (Be specific) |
|---|
| AMENDMENT TO ARTICLE III- The purpose of this corporation is exclusively for charitable, educational, and |
| scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future tax code. |
| |
| |
| ADD ARTICLE X: DISTRIBUTIONS UPON DISSOLUTION |
| Upon the dissolution of this corporation, after paying or making provisions for the payment of all the legal liabilities of the |
| corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the |
| Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal |
| government, or to a state or local government, for a public purpose. |
| |
| ADD ARTICLE IV: PROHIBITED ACTIVITIES |
| No substantial part of the activities of the corporation shall be the carrying on of propaganda, , or otherwise attempting to |
| influence legislation, and the corporation shall not participate in. or intervene in any political campaign on behalf of or in |
| any political campaign on behalf of or in opposition to any candidate for public office. |
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| |

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

| | date of each amendment | · · · — · · · · · · · · · · · · · · · · | , if other than the |
|-----|--|---|---------------------|
| | this document was signed ective date <u>if applicable</u> : | November 1, 2019 | |
| CHI | ective date <u>ii applicable</u> : | (no more than 90 days after amendment file date) | - |
| | | nis block does not meet the applicable statutory filing requirements, this date will not be be becartment of State's records. | be listed as the |
| Ado | option of Amendment(s) | (<u>CHECK ONE</u>) | |
| | The amendment(s) was/w was/were sufficient for ap | ere adopted by the members and the number of votes cast for the amendment(s) oproval. | |
| | There are no members or adopted by the board of o | members entitled to vote on the amendment(s). The amendment(s) was/were lirectors. | |
| | Dated | 11/1/19 | |
| | Signature | | |
| | have t | chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| | \underline{V} | eronica Walker | |
| | | (Typed or printed name of person signing) | |
| | | Incorporator (Title of person signing) | |
| | | (Title of person signing) | |