N19000011526

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(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

Name of corporation:	nseling and Educational Services Inc		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee as	re submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Cedric La'Mar Singletary			
	(Name of Contact Person)		
New Life Counseling and Educational Services	Inc (New Life)		
	(Firm/ Company)		
4417 Beach Boulevard Suite 101			
	(Address)		
Jacksonville, Florida 32207			
	(City/ State and Zip Code)		
cedricsingletary@yahoo.com			
E-mail address: (to b	be used for future annual report notification)		
For further information concerning this matter,	please call:		
Cedric La'Mar Singletary	904 329-0024 at		
(Name of Contact I	Person) (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:		
☐ \$35 Filing Fee ☐ \$43.75 Filing Fe Certificate of St	· · · · · · · · · · · · · · · · · · ·		
Mailing Address Amendment Section	Street Address Amendment Section		

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DECKLIARY OF STATE
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Articles of Amendment to Articles of Incorporation of

New Life Counseling and Educational Services Inc

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N19000011526		
(Document	Number of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Carp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	ύ	
D. If amending the registered agent and/or registere		enter the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent:		
New Registered Office Address:	(Flo	orida street address)
		, Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		the obligations of the position.
		ered Avent if chanviny

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TALL AHASSEE, FL

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 Do Mike Jo Sally Sr	nes				
Type of Action (Check One)	<u>Title</u>		Name	Address			
1) Change Add		-					
Remove							
2) Change Add		_					
Remove 3) Change Add Remove		_					
4) Change Add		-					
Remove							
5) Change Add		-					
Remove							
6) Change Add		-					
Remove				······			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)							
ARTICLE III-PURPOSE Said oganization is organized exclusively for charitable, religious, educational and scientific							
			tance abuse, psychiatric services and care, me	ntal health counseling and financial			
literacy, for such purposes that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue							
Code, or corresponding sections of any future federal tax code.							
ARTICLE VI- Upon the dissolution of this organization, assets shall be distributed from one or more exempt range 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. The date of each amendment(s) adoption: _____ _____, if other than the date this document was signed. Effective date if applicable: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements, this date will look does not meet the applicable statutory filing requirements. was/were sufficient for approval.

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)

Cedric La'Mar Singletary

(Typed or printed name of person signing)

CEO/Registered Agent

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

SECRETARY OF STATE