N19 0000 12705

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2021 FEB -9 AM 9: 25 SECRETINEY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATE		IILY FOUNDATION	√, INC. 	
DOCUMENT NUMBER:	N19000012705		·	
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this matt	er to the following:		
NESON SAINT-FORT		1		
	, , ,	(Name of Contact P	erson)	
		(Firm/ Compan	y)	
8950 NW 62ND STREET				
		(Address)		
TAMARAC, FL 33321				
		(City/ State and Zip	Code)	
jnsanon@yahoo.com				
I	E-mail address: (to be use	d for future annual re	port notificati	on)
For further information con	cerning this matter, please	e call:		
NELSON SAINT-FORT		al	(954) t	851-2690
	(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	_	f State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Cert is Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
Mailing A	Address		reet Address	

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 FEB -9 AH 9: 25

SECRETARY OF STATE

SAINT-FORT FAMILY FOUNDATION, INC.

(Name of Corporation as currently filed with the Fl	orida Dept. of State)	
N19000012705		
(Document	Number of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	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	l" or the abbreviation "Corp." 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 BO.	<u>X</u>)	
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new	ed office address in Florida,	, enter the name of the
Name of New Registered Agent:		
	(F)	lorida street address)
New Registered Office Address:		
		, Florida,
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Avent:	
I hereby accept the appointment as registered agent.	I am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered 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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	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			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
CHANGE ARTICLE III	TO REA	D:	
The specific purpose for	which thi	s corporation is organized is to:	
1- Help Saint Fort Family	/ member	s and surrounding communities with their welfare.	
2- Promote peace, love, u	nity and	mutual respect among all family members.	
3- Promote family values	founded	on the quadruple corners of wisdom, wellbeing, know	whow and pride.

4- Develop a culture of showing sympat	hy and empathy to those that are suffering.	
5- Inspire hope to those that may fall in	the pitfall of hopelessness.	
6- Encourage and support entrepreneurs	hip and leadership among family members and surounding communities.	
		
		
	<u> </u>	<u>. </u>
		.
		
		<u></u>
		.
The date of each amendment(s) adopt date this document was signed.	ion:	_, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block of document's effective date on the Depart	loes not meet the applicable statutory filing requirements, this date will not ment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	01/26/2021
Dated	
Signatu	re <u>Melson</u> <u>Saint fort</u> (By the chairman or vice chairman of the board, president or other officer-if directors
Signati	(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)
	Nelson Saint-Fort
	(Typed or printed name of person signing)

(Title of person signing)