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PICK-UP	WAIT	MAIL
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2022 HAR -7 PM 2: 36 SECNEDAY OF STATE

Cf 3/14/2023

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	RLEMAGNE PERALTE, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
DORISTIN, YLBERT	
	(Name of Contact Person)
TEAM CHARLEMAGNE PERALTE, INC.	
	(Firm/ Company)
4318 SOUTH WEST YAMADA DRIVE	
	(Address)
PORT SAINT LUCIE FL 34953	
	(City/ State and Zip Code)
teamcharlemagneperalte@gmail.com	
E-mail address: (to l	be used for future annual report notification)
For further information concerning this matter,	please call:
Doristin, Ylbert	352 807-5669
(Name of Contact I	
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 \$1	
Mailing Address	Street 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

FILED

TEAM CHARLEMAGNE PERALTE, INC.

2022 MAR -7 PM 2: 36

(Name of Corporation as currently filed with the Florid N20000000024	la Dept. of State)	SECRET - AV DE STATE TALLAHASSEE, FL
		
(Document Nu	umber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	itutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo FONDATION CHARLEMAGNE PERALTE, Inc.	ration:	The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	<u>SS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	office address in Florida, o	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flor	rida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept ti	he obligations of the position.
	Signature of New Register	ed 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 Do Mike Jo Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add		_		
Remove				
2) Change Add		_		
Remove Change Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove			_	
6) Change Add		_		
Remove			_	
E. If amending or addin (attach additional sheet	g additio ts. if nece.	nal Arti ssary).	cles, enter change(s) here: (Be specific)	
	_			

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<u></u>		
		
5-14		
The date of each amendment(s) ad date this document was signed.	loption:, if c	other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo-document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be list partment of State's records.	ted as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s)	

Dated Signatur	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)
	Doristin, Ylbert (Typed or printed name of person signing)

(Title of person signing)