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July 26, 2024

To Whom It May Concern:

Please be advised that we have pre-paid the filing fee for this non-profit articles of amendment.

This was prepaid via check, under Document Number: W24000105617

Please don't hesitate to call with any question or concern: 201-892-6371.

Best,

Abraham Lopez

Director

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Support Our	Men Scholars, Inc.		
N20000001355 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing		
Please return all correspondence concerning to	his matter to the followi	ng:	
Arthur Evans			
	(Name of Cont	act Person)	
Support Our Men Scholars, Inc.			
	(Firm/ Cor	npany)	
Post Office Box 620789			
	(Addre	ss)	**-
Oviedo, Florida 32762			
	(City/ State and	Zip Code)	_ ·
aevans@nelsonandcoinc.net			
E-mail address: (to	be used for future annu	al report notificati	on)
For further information concerning this matter	, please call:		
Abraham Lopez		(201) at	892-6371
(Name of Contact	Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flo	rida Department o	of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of		opy Cert opy is Cert (Add	50 Filing Fee ificate of Status ified Copy ditional Copy is losed)
Mailing Address Amendment Section		Street Address Amendment Se	

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

Articles of Amendment to Articles of Incorporation of

Support Our Men Scholars, Inc.					
Name of Corporation as currently filed with the Flo	rida Dept. of State)				
N20(XXXXXXI355					
(Document)	Number of Corporation (if	known)		_	
Pursuant to the provisions of section 617.1006, Florida 9 amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	For Profit Corpo	oration adopts	the fol	lowing
A. If amending name, enter the new name of the cor	poration:				
MENtor Initiative, Inc.				TI	he new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporate	ed" or the abbro	eviation "Corp		
B. Enter new principal office address, if applicable:	261 Plaza Drive				
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS STED				
	Oviedo Florida 3276	55		F-3	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		:	100 mg	1
			(A) (A) (B)	_PE	
			<u> </u>	≠- -	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		a, enter the nar	ne of the	7	
Nume of New Registered Agent: N/A					
<u> </u>	(f	Florida street addre	ess)	<u>_</u>	
New Registered Office Address.					
	// !!n.:		, Florida		
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I describe the appointment as registered agent.	t <mark>ered Agent:</mark> im familiar with and accep	t the obligation.	s of the positic	9 n .	
	Signature of New Regis	tered Agent, if c	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>V</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>(1</u>	David Evans, Jr.	Orlando, FL 32804
2) Change Add	D	Michael Ares	516 E. KLalev St. Orlando, FL 32806
x Remove 3) Change	<u>D</u>	Mark Rodriguez	285 Seminole Woods Blvd. Geneva, FL 32732
4) Change Add	<u>D</u>	Abraham Lopez	653 Red Pepper Loop Chuluota, FL 32766
Remove 5) Change	<u>I)</u>	Jordan Rodriguez	3510 Rose Mallow Loop Oviedo, FL 32766
6) Change Add			
E. If amending or addit (attach additional shee		al Articles, enter change(s) here: sary). (Be specific)	

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The date of each amendment date this document was signed	(s) adoption:		, i	f other than the
Effective date if applicable:	June 20, 2024	vs after amendment file date)		
Note: If the date inserted in the document's effective date on the	is block does not meet the applic the Department of State's records	able statutory filing requirem	ents, this date will not be l	isted as the

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

(CHECK ONE)

Adoption of Amendment(s)

Dated	June 20, 2024
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)
	Arthur Evans
	(Typed or printed name of person signing)
	President