

NZC 0000002106

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Amend  
Name change

DEC 22 2020

ALBRITTON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2020

YAHALIA G. FRANKLIN      2ND MILING  
14311 BISCAYNE BLVD #612135  
NORTH MIAMI, FL 33261

53181

SUBJECT: BREAKING BARRIERS FLORIDA, INC  
Ref. Number: N20000002106

We have received your document for BREAKING BARRIERS FLORIDA, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 120A00022883



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2020

YAHALIA G. FRANKLIN  
14311 BISCAYNE BLVD #612135  
NORTH MIAMI, FL 33261

SUBJECT: BREAKING BARRIERS FLORIDA, INC  
Ref. Number: N20000002106

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Irene Albritton  
Regulatory Specialist II

Letter Number: 120A00022883

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Breaking Barriers Florida, Inc.

DOCUMENT NUMBER: N20000002106

The enclosed *Articles of Amendment* and fee are submitted for filing

Please return all correspondence concerning this matter to the following

Yahalia G. Franklin  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

14311 Biscayne Blvd #612135  
(Address)

North Miami FL 33181  
(City/ State and Zip Code)

info@bboundless.org  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call

Yahalia G. Franklin at 786-487-0384  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

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

Street Address  
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

2022-11-22 PM 4:59

Breaking Barriers Florida, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N20000002106

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Boundless + Beyond, Inc. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

New Registered Office Address

(Florida street address)

N/A

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position*

Signature of New Registered 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

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ST</u>	<u>Jenny Coleman</u>	<u>14311 BISCAYNE BLVD</u> <u>#612135</u> <u>NORTH MIAMI, FL 33181</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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

(attach additional sheets, if necessary). (Be specific)

N/A

N/A

The date of each amendment(s) adoption: 9/28/20 if other than the date this document was signed

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

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

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 9/28/20

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.)

Yahalia G. Franklin  
(Typed or printed name of person signing)

President  
(Title of person signing)