Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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2022 MAR -8 PM 3: 4 SECRETATION SEE, FULL

COR AMND/RESTATE/CORRECT OR O/D RESIGN LIFE CARE YOUTH COMMUNITY CENTER INC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Amendment Section	
Division of Corporations	5

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Tallahassee, FL 32314

NAME OF CORPORATION:	H COMMUNITY CENT	ER INC		
N20000002509 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
Cheye	enne Moseley			
	(Name of Contact Person	n)		
Legalz	coom.com, Inc.			
	(Firm/ Company)			
101 N. Brai	nd Blvd., 11th Floor			
	(Address)	···		
Gland	ale, CA 91203			
	(City/ State and Zip Cod	v)		
	(City) Saic and 24) Cod	c)		
bcherisol@yahoo.com E-mail address: (to be used	for future annual report	notification)		
For further information concerning this matter, please		,		
To further information concerning this matter, prease	Can.			
Cheyenne Moseley	800 at (773-0888 ext. 9724)		
(Name of Contact Person)	(Area Ci	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made pa	yable to the Florida Depa	utment of State.		
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

To: +18506176380

Articles of Amendment to Articles of Incorporation of

LIFE CARE YOUTH COMMUNITY CENTER INC			
(Name of Corporation as currently filed with the Flo	orida Dept. of State)		
N20000002509			
(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the f	ollowing	
A. If amending name, enter the new name of the corporat	tion:		
Life Care Youth Community Development Organization	Inc.	The new	
name must be distinguishable and contain the word "corpora "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	<u> </u>		
to me the system of the system	<u> </u>		
		. 2	
C. Enter new mailing address, if applicable:		22	
(Mailing address MAY BE A POST OFFICE BOX)		茶泉	
	هاي <mark>له.</mark> د يان ا	- - - - -	<u> </u>
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	<u>رگو</u> ۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔	AH 10: 2	
D. If amending the registered agent and/or registered office and/or the new registered office and or the new registered office an		; <u>2</u>	
	uuness.		
Name of New Registered Agent:			
	(Floralo street address)		
New Registered Office Address:	() III are so rectaure viy		
	Florida		
(City)			
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am fa			
Signature of New	Registered Agent, if changing		

To: +18506176380 Page: 5 of 7 2022-03-08 06:49:46 PST LegalZoom.com, Inc. From: Sylvia Paul

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> <u>Mike</u>	Doe Lones Smith	
Type of Action (Check One)	<u>Title</u>	Nane	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
S) Change			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)			
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		s document		٠,,					•			
	Effective	ve date <u>if ap</u>	plicab	<u>le:</u>	·							٠.
			· .		(no more t	han 90 days ufter	umendment	file date)	•			
	•		•								• •	•
	Adopti	on of Amen	dment	(s)	(CHECK	ONE)		` .		`		
		tore are no m lopted by the				ote on the amendin	ent(s). The	errendatenti	s) was/were		•	•
		Dated	٠			02/02/2022						• • •
٠		Signa			10 to		 -			·	`	
			ha	ve not been	selected, by at	rman of the board, i incorporator — if: ry by that fiduciar;	in the hands			, ,		
		· Y	· 'vens .	Joseph	`,		•					**
		· · . -		(Typed or printe	d name of person s	igning)		 .			•

(Title of person signing)

President

From: Sylvia Paul