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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Bego Adragot Net NAME OF CORPORATION:	oille's Food Bank. Inc.		
N20000003830 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	ibmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Doreen Esparza			
	(Name of Contact Person)		
DE ACCOUNTING SOLUTIONS LLC			
	(Firm/ Company)		
1856 N Nob Hill Rd Suite 439			
	(Address)		
Plantation, Fl 33322			
	(City/ State and Zip Code)		
Doreen@cpa-das.com			
E-mail address: (to be us	ed for future annual report notification)		
For further information concerning this matter, plea	se call:		
Doreen Esparza	786 239-4841 at		
(Name of Contact Person			
Enclosed is a check for the following amount made	payable to the Florida Department of State:		
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status			
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

Bego Adragot Nebille's Food Bank, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N20000003830 (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: NEBILLE'S FOOD BANK, INC. 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

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

New Registered Office Address:

Name of New Registered Agent:

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

(City)

Signature of New Registered Agent, if changing

(Florida street address)

\_\_\_\_, Florida \_\_\_

(Zip Code)

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 Do Mike Jo Sally Sr	ones	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change Add		_		
Remove				<del></del>
2) Change Add		_		
Remove 3 ) Remove Add Remove		_		
4) Change Add		-	<del></del>	
Remove				
5) Change Add		_		
Remove				
6) Change Add		_		<del></del>
Remove				
E. If amending or addir (attach additional shee			icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption date this document was signed.	on:			, if other than the
Effective date if applicable:				
	(no more than 90 days a	fter amendment file dat	e)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicablent of State's records.	e statutory filing require	ements, this date will not	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.

☐ 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 06-06-2024
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)
AHMED MOHAMMED BRHAN
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)