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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SCHOLARS F	OR YOUTH EMPOWERN	MENT INC.	
N20000006492 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
LOVETTE DOBSON			
	(Name of Contact Pe	rson)	
INCFILE.COM LLC			
	(Firm/ Company)	
17350 STATE HWY 249 STE 220			
	(Address)	<u> </u>	
HOUSTON, TX 77064			
	(City/ State and Zip C	Code)	
EFILE1234@INCFILE.COM			
E-mail address: (to be	used for future annual repe	ort notificatio	<u>n</u>)
For further information concerning this matter, p	lease call:		
LOVETTE DOBSON	at	888	462-3453
(Name of Contact Pe		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	de payable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Star	tus Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address	Stre	et 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 Articles of Incorporation of

FILED

SCHOLARS FOR YOUTH EMPOWERMENT INC. 2020 OCT 20 AM IO: 17

(Name of Corporation as currently filed with the Fl	orida Dept. of State)	SECRETARY OF STATE
	N20000006492	TALLAHASSEE, FI.
(Document	Number of Corporation (if kno	wn)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
	<u> </u>	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		
	- "	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered of	ed office address in Florida, en office address:	nter the name of the
Name of New Registered Agent:		
<u>New Registered Office Address</u> :	(Flori	ida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	stered Agent: I am familiar with and accept th	e obligations of the position.
	Signature of New Registere	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 A Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>D</u>	ANTOINE MCKENNAN	2050 FREDERICK DOUGLASS BLVD, APT 702
Remove			NEW YORK, NY 10026
2) Change Add	<u>D</u>	MARILUZ GUZMAN	196 15TH STREET BROOKLYN, NY 11215
Remove 3) Remove Add × Remove	<u>D</u>	MARITZA CAMEJO	3901 NW 79TH AVE SUITE 245 #1545 MIAMI, FL 33166
4) Change Add	<u>D</u>	MERCY FIGUEROA	3901 NW 79TH AVE SUITE 245 #1545
x Remove			MIAMI, FL 33166
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional shee		cles, enter change(s) here: (Be specific)	
	-		
			<u> </u>

	-	
		
		
		-
		
		
-		
		
		<u></u>
The date of each amendment(s) adopted date this document was signed.	on:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	pes not meet the applicable statutory filing requirements, this date will not be nent of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
10/9/2020 Dated				
Signature Kenney aquilar				
(By the chairman or vice plairman 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)				
HEAVENLY AGUILAR				
(Typed or printed name of person signing)				
DIRECTOR				
(Title of person signing)				