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COVER LETTER

TO: Amendment Section Division of Corporations

. .

NAME OF CORPORATI	ON:	Inc.			_	_
DOCUMENT NUMBER:	N20000007511					
The enclosed Articles of Articles		omitted for filing.				-
Please return all correspond	ence concerning this mat	ter to the following:				
Derek Wilson						
		(Name of Contact I	Person)			•
Elevate Foundation Inc.						
		(Firm/ Compar	ıy)			-
11845 SW 151 PL Miami,	FL 33196					
		(Address)				-
Miami, Fl 33196						
		(City/ State and Zip	Code)	<u></u>		-
elevatefoundation20@gmai						
	:-mail address: (to be use	d for future annual re	eport notificatio	n)	41	- ^ 3 ∃
For further information con-	cerning this matter, pleas	e call:			7:5	2921 SET
Derek Wilson		a	786 .t	382-4601		
	(Name of Contact Person	1)	(Area Code)	(Daytime Telep	hone Number)	,,
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:	. ,	111 111 111
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	icate of Status led Copy tional Copy is	70	ين
Mailing A	<u>Address</u>	<u>s</u>	treet Address			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 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

Elevate Foundation Inc.				
Name of Corporation as currently filed with th	e Florida D	ept. of State)		
(Docur	nent Numbe	er of Corporation (if I	known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not F</i>	for Profit Corporation adopts the	e following
A. If amending name, enter the new name of th	e corporati	on:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	•	ion" or "incorporate	d" or the abbreviation "Corp."	
B. Enter new principal office address, if applica	hle.	N/A		
Principal office address MUST BE A STREET A				
			_	
			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	N/A		
				_
). If amending the registered agent and/or regi	stered offic	e address in Florida	, enter the name of the	
new registered agent and/or the new register	red office ac	ddress:		, -
Name of New Registered Agent:	N/A			
		<u></u>		
	-	(/	Torida street address)	
New Registered Office Address:				•
	N/A		, Florida	
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing l	Panistared	A cont:		
hereby accept the appointment as registered agen				
_	Sig	gnature of New Regis	tered 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 X Add	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add		N/A	
Remove			
2) Change Add		<u>N/A</u>	
Remove 3) Remove Add Remove		N/A	
4) Change Add		N/A	27.23
Remove			
5) Change Add			
Remove			. ب
6) Change Add			F-17 03
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
(amending) Article 111	The specific	purpose for which this corporation is organized	l is:
The Elevate Foundation I	nc. (public charity) is organized exclusively to execute large-sca	le mural projects
that are both engaging and	d enlightening wit	hin our unprivileged community schools. Our	initiative
involves developing proje	ects that help to rai	ise morale as well as build a sense of communi	tv, within our
Miami-Dade County Publ	lic School system		

(adding) Dissolution Clause	
(Distribution Upon Dissolution) Upon termination or dissolution of the [Elevate Foundation of the Inches of the In	on Inc.],
any assets lawfully available for distribution shall be distributed to one (1) or more qualify	ing
organizations described in Section 501(c)(3) othe 1986 Internal Revenue Code (or described)	ed in any corresponding
provision of any successor statute) which organization or organizations have a charitable p	urpose which, at least generally,
includes a purpose similar to the terminating or dissolving corporation.	
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The date of each amendment(s) adoption: 9/1/23 date this document was signed.	, if other than the
9/1/23	
Effective date if applicable: (no more than 90 days after amendment file date))
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, 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 9/1/23
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)
Derek Wilson
(Typed or printed name of person signing)
Registered Agent
(Title of person signing)

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