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| Special Instructions to | Filing Officer: | |
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Office Use Only



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MAR 1 7 2021 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | Community Change ON: | nakers Future Lea | ders. Inc | ·. | |
|-------------------------------|--|--|-----------|--------------------|--|
| DOCUMENT NUMBER: | N20000008863 | | | | |
| The enclosed Articles of An | sendment and fee are sub- | mitted for filing. | | | |
| Please return all correspond | ence concerning this matte | er to the following | : | | |
| Sadia Shakir | | | | | |
| | - | (Name of Contac | t Person) | | |
| _ . | | (Firm/ Comp | any) | | |
| 1221 Napa | | | | | |
| | | (Address |) | | |
| Canton, MI 48168 | | | | | |
| | | (City/ State and Z | ip Code |) | |
| sadia.shakir@gmail.com | | | | | |
| E | -mail address: (to be used | for future annual | report n | otification | 1) |
| For further information cond | cerning this matter, please | call: | | | |
| Sadia Shakir | | | 734 | | 637-9238 |
| | (Name of Contact Person |) | | a Code) | (Daytime Telephone Number) |
| Enclosed is a check for the f | following amount made pa | ayable to the Flori | da Depai | tment of | State: |
| ■ \$35 Filing Fee | ☐S43.75 Filing Fee & Certificate of Status | | | Certifi Certifi | O Filing Fee icate of Status ied Copy tional Copy is used) |
| Mailing A | | | Street A | | |
| | ent Section | Amendment Section Division of Corporations | | | |

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

| Community Changemakers Future Leaders, Inc. | | |
|--|---|-----------------|
| Name of Corporation as currently filed with the Flo | orida Dept. of State) | |
| N20000008863 | | |
| (Document | Number of Corporation (if known) | · |
| ursuant to the provisions of section 617.1006, Florida inendment(s) to its Articles of Incorporation: | Statutes, this Florida Not For Profit Corporation add | opts the follow |
| . If amending name, enter the new name of the cor | poration: | |
| | | The ne |
| ame must be distinguishable and contain the word "co Company" or "Co." may not be used in the name. | orporation" or "incorporated" or the abbreviation "C | |
| . Enter new principal office address, if applicable: | | |
| Principal office address <u>MUST BE A STREET ADDI</u> | <u>RESS</u>) | |
| | | |
| | | |
| . Enter new mailing address, if applicable: | | 707 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> | 9 | 021 JAN 29 |
| | | <u> </u> |
| | | ů G |
| | | - P |
| If amending the registered agent and/or registered new registered agent and/or the new registered or | | PH 6: |
| new registered agent and/or the new registered o | mee address. | . ω 2 |
| Name of New Registered Agent: | | |
| | (Florida street address) | |
| New Registered Office Address: | ,,, | |
| | , Florida | |
| | (City) (Zip Co | de) |
| ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I | | sition. |
| | | |
| | 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: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|----------------------------------|------------------------------------|---|--|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | | _ | |
| Remove | | | |
| 2) Change Add | | | |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | _ | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| | | onal Articles, enter change(s) here: cssary). (Be specific) | |
| Article IX | | | |
| A) The purpose for which | h the corp | oration is organized are exclusively religious, charit | able, scientific, literary, and education- |
| al within the meaning of | Section 50 | 01(c)(3) of the Internal Revenue Code of 1986 or the | corresponding provision of any |
| future United States Inter | nal Rever | nue law. | |
| B) Not withstnding any o | ther provi | ision of these articles this organization shall not carr | v on any activities not permitted to be |

| carried on by an organization exempt from Federal income tax under section 501(c)(3) of the law or t | the corresopnding |
|--|----------------------------------|
| provision of any future United States Internal Revenue law. | |
| C) Upon the dissolution of the organization, assets shall be distributed for one or more exempt purpo | ses within the meaning |
| of Section 501(c)(3) of the Internal Revenue Code of 1986, or corresponding section of any future Fe | deral tax code, or shall |
| be distributed to Federal, State, or Local government for a public purpose. Any such assets not dispose | sed of by a court of |
| competent jurisdiction of the county in which the principle office of the organization is then located, | exclusively for such |
| purposes. | |
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| this document was signed. December 9, 2020 | , if other than the |
| ctive date if applicable: December 9, 2020 | |
| (no more than 90 days after amendment file date) | |
| <u>:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this ment's effective date on the Department of State's records. | s date will not be listed as the |

otion of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) vas/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 $\frac{1/20}{21}$ | | | | | |
| | 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) | | | | | |
| | Mishka Ahmad | | | | | |
| | (Typed or printed name of person signing) | | | | | |
| | President | | | | | |
| | (Title of person signing) | | | | | |