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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Making Real Change	Charity Foundation,	Inc.	
DOCUMENT NUMBER:	N20000009670			
The enclosed Articles of An		nitted for filing	- · · · · ·	
The enclosed Articles by An	nenument and tee are suot	inited for firing.		
Please return all correspond	ence concerning this matte	er to the following:		
Michael Wallace				
		(Name of Contact Pe	rson)	
		(Firm/ Company)	
15834 SW 14th CT				
		(Address)		
Pembroke Pines, Fl 33027				
		(City/ State and Zip C	Code)	
mrccf20@gmail.com				
T	E-mail address: (to be used	for future annual rep	ort notification)
For further information con-	cerning this matter, please	calt:		
Michael Wallace			(786)286-341	
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	ayable to the Florida E	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

FILED

Making Real Change Charity Foundation, Inc.

2020 OCT -2 PM 5: 01

(Name of Corporation as currently filed with the Florida Dept. of State)

N20000009670

SECRETARY OF STATE TALLAHASSES, FL

(Document Number of Corporation (if known)

amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	" or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
		
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	red office address in Florida.	enter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent:		
New Registered Office Address:	(Flo	orida street address)
		. Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:	
I hereby accept the appointment as registered agent.		the obligations of the position,
	Signature of New Registe	ered 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.

<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
<u>Title</u>	<u>Name</u>	<u>Addres</u> s
P	JANELL HOSKINS	HAMPTON, GA 30228
P	PRESIDENT HOSKINS	HAMPTON, GA 30228
	_	
and signat	ture of the incorporator should be JANELL HO	SKINS not JANELL HOSKIN.
IN to JAS	NELL HOSKINS.	
	V SV Title P P And signature	V Mike Jones SV Sally Smith Title Name P JANELL HOSKINS

•			
			
			
		 	
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The date of each amendment	(c) adaption	1:	if other than the
date this document was signed	.(s) auopuoi		, it other than the
aute this accument was inglize			
Effective date if applicable:	09/28/2020		
		(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the		es not meet the applicable statutory filing requirements, this date will not be ent of State's records.	e listed as the
Adoption of Amendment(s)		(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap		by the members and the number of votes cast for the amendment(s)	

D	9/28/2020
Dated	1/11/1
Signature	
	(By the 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)
	Michael Wallace
	Michael Wallace (Typed or printed name of person signing)