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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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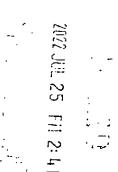
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Kalon Young Artist Fund, INC N2000000 9797 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Laurch Mangihl
(Name of Contact Person) (Firm/ Company) 7958 Narman IN MIMS FL 32754
(City/ State and Zip Code) ashley Qungaristfund. ory
E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Mangini at 321 302 425 6
(Name of Contact Person) (Area Code) (Daytime Telephone Number) auren Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



RECEIVED

2022 JUL 25 PM 12: 54

March 3, 2022

LAUREN MANGINI 2958 HARTMAN LANE MIMS, FL 32754

SUBJECT: KALON YOUNG ARTIST FUND, INC

Ref. Number: N20000009797

We have received your document for KALON YOUNG ARTIST FUND, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

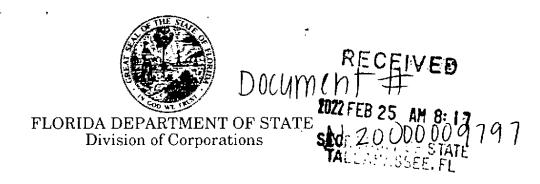
The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 322A00005252



February 9, 2022

LAUREN MANGINI 2958 HARTMAN LANE MIMS, FL 32754

SUBJECT: KALON YOUNG ARTIST FUND, INC

Ref. Number: N20000009797

We have received your document for KALON YOUNG ARTIST FUND, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2021 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at our www.sunbiz.org. Please select 'Reinstatement' under the 'Filing Services' menu and then click on the 'File Reinstatement' button and follow the prompts. You will have the option to pay by credit/debit card; or by check or money order.

The total amount due to reinstate is \$297.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

www.sunbiz.org

Letter Number: 322A00003261

Articles of Amendment to

Articles of Incorporation of

raion young Arrist Fund, INC.	جے ایک
(Name of Corporation as currently filed with the Florida Dept. of State)	
W 200000 9797 (Document Number of Corporation (if known)	13/8
(Document Number of Corporation (if known)	•
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:	
A. Hamending name, enter the new name of the corporation:	
Houng Artist Fund, INC The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "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: 2958 Narman LN (Principal office address MUST BE A STREET ADDRESS) MIMS FL 32754	
(Principal office address STOST BE A STREET APPRESS) WITH SEL 32754	
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:	
Name of New Registered Agent: Lauren Mangin! 2958 Nurman LN Mims	,-,
New Registered Office Address: [Florida street address] New Registered Office Address:	275
Florida	
(City) . Florida // (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	
1 + 1	
Signature of New Registered Agent, if changing	
Signature of their 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 Doc 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 Doc, 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 II Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	Sec	Linda Tavaris	7475 VIllage LN Titus VIILE FL 3278
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add Remove		······································	
6) Change Add Remove			
		ticles, enter change(s) here: (Be specific)	

* • •	•	
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	10/01/2021	
The date of each amendment(s) adopt date this document was signed.	tion: 10 01 2021	, if other than the
1100 1		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tas more man 20 days after amenament fite dater	
<u>Note:</u> If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, tment of State's records.	this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK_ONE)

Adoption of Amendment(s)

adopted	by the board of directors.	
	Dated 0 7 7000	
	Signature / W Y	
	(By the chairman or vice chairman of the board, president or other officer-if di have not been selected, by an incorporator – if in the hands of a receiver, trus other court appointed fiduciary by that fiduciary)	
	Laureh Mangini (Typed or printed name of person signing)	
	President	
	(Title of person signing)	