N20000010463

| (Requ | uestor's Name) | | | |
|---|-----------------|--------------|--|--|
| | | | | |
| (Addr | ess) | | | |
| (Addı | ess) | | | |
| (City/ | State/Zip/Phone | : #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Busi | ness Entity Nam | ne) | | |
| (Doct | ument Number) | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: YOUNG MEN FOR CHANGE INTERNATIONAL INC. | | | |
|--|----------------------------------|--|--|
| DOCUMENT NUMBER: N20000 | 010463 | | |
| The enclosed Articles of Amendmen | | ing. | |
| Please return all correspondence con | cerning this matter to the follo | owing: | |
| | | Spence (AKINS) | |
| | (Name of C | ontact Person) | |
| | NA | | |
| | | Company) | |
| | | | |
| | N. | | |
| | (Ac | ldress) | |
| | . | | |
| | N (Citv/ State | and Zip Code) | |
| | | | |
| | Glorias1545@gm | nail.com | |
| E-mail ac | ddress: (to be used for future a | nnual report notification) | |
| For further information concerning | this matter, please call: | | |
| GLORIA AKINS | | at 786 525 7669 | |
| | of Contact Person) | (Area Code) (Daytime Telephone Number) | |
| Enclosed is a check for the followin | g amount made payable to the | Florida Department of State: | |
| ☐ \$35 Filing Fee ☐ \$45 | 3.75 Filing Fee & □\$43.75 Fi | lling Fee & □\$52.50 Filing Fee | |
| Certificate of Status | Certified Copy | Certificate of Status | |
| | (Additional copy is Enclosed) | (Additional copy is Enclosed) | |

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

| | · | |
|--|---|--|
| | to Articles of Incorporation of | ₹02, K1, |
| A | rracies or incorporation of | NAL INC. da Dept. of State) |
| YOUNG MI | EN CHANGE INTERNATION | NALING. |
| (Name of Corporation as o | urrently filed with the Florid | la Dept. of State) |
| | N20000010463 | |
| (Document) | N2000010463 Number of Corporation (if known | · · |
| (Document | rumoer or corporation (if kile | , mily |
| resuant to the provisions of section 617.1006, Florida nendment(s) to its Articles of Incorporation: | Statutes, this Florida Not For | Profit Corporation adopts the following |
| If amending name, enter the new name of the co | rporation: | |
| YOUNG MEN FOR CHANGE INTERNATIONAL I | INC. | |
| The new name must be distinguishable and contain | | incorporated" or the abbreviation "Corp. |
| Company" or "Co." may not be used in the name. | | |
| Enter new principal office address, if applicable | <u> </u> | |
| Principal office address MUST BE A STREET ADD | RESS) NA | |
| | | |
| | | |
| | | |
| . Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | () <u>NA</u> | |
| | | |
| | | |
| | | |
| | | |
| 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: | <u>NA</u> | |
| | | |
| - | | |
| | (Fla | orida street address) |
| New Registered Office Address: | | |
| | 314 | meda |
| _ | NA (City) | Florida (Zip Code) |
| | (Сцу) | (Zifi Code) |
| ew Registered Agent's Signature, if changing Regi | stered Agent: | |
| hereby accept the appointment as registered agent. | am familiar with and accept t | he obligations of the position. |
| | • | |
| | _ | |
| | NA NA | |
| | Signature of New Registe | rea Agent, if changing |

Page 1 of 4

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 \underline{X} Character \underline{X} Rem \underline{X} Add | nge Iove | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | | |
|---|-------------|------------------------------------|---------------------------------------|---------------|-----------------|
| Type of (Check | | <u>Title</u> | <u>Name</u> | | <u>Addres</u> s |
| 1) | Change | | NA | - | |
| | _ Add | | | | |
| | _ Remove | | | | |
| 2) | Change | | NA | | |
| | _ Add | | | | |
| | | | | | |
| | _ Remove | | | | |
| 3) | _ Change | <u>.</u> | NA | | |
| | _ Add | | | | |
| | _ Remove | | | | |
| 4) | Change | _ | NA | | |
| | | | | | |
| | _ Add | | | | |
| | _ Remove | | | | |
| 5) | Change | _ | NA | | |
| | _ Add | | | | |
| | _ Remove | | | | |
| 6) | Change | _ | | | |
| | A 44 | | | | |
| | _ Add | | | | |

| Remove |
|---|
| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |
| THE SPECIFIC PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED TO TRANSFORM THE LIFE OF AT |
| RISK YOUTHS ECONOMICALLY, SOCIALLY, SPIRITUALLY AND MENTALLY. |
| THE PURPOSE OF THE CORPORATION ARE EXCLUSIVELY CHARITABLE. EDUCATIONAL AND RELIGIOUS WITH IN THE MEANING OF SECTON |
| WITH IN THE MEANING OF SECTON |
| 501C3 OF THE INTERNAL REVENUE CODE 1986 AMENDED, OR IN THE CORRESPONDING PROVISION OF ANY TAX |
| LAW OF SECTION ANY FUTURE FEDERAL TAX LAW SECTION 501C3. |
| THE CORPORATION SHALL HAVE THE SAME POWER AS AN INDIVIDUAL TO DO ALL THINGS NECESSARY OR. |
| CONVENIENT TO THE PURPOSES, AS SET FORTH IN THE ARTICLE OF INCORPORATION. |
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| | e date of each amendment(s) ade this document was signed. | option: NA | | if other than the |
|-----|---|--|--|-------------------|
| Eff | ective date <u>if applicable</u> : | NA | | |
| | | (no more than 90 days afte | er amendment file date) | |
| | te: If the date inserted in this bloc nument's effective date on the Dep | | statutory filing requirements, this date will not | be listed as the |
| Ade | option of Amendment(s) | (CHECK ONE) | | |
| | The amendment(s) was/were adwas/were sufficient for approval | • | umber of votes cast for the amendment(s) | |
| Ø | There are no members or membadopted by the hoard of director | | dment(s). The amendment(s) was/were | |
| | Dated9/23/202 | 0 | Marie 17 | |
| | Signature | Dometrius l. Harrytor | r_{-} | _ |
| | (By the chair have not been selec | nan or vice chairman of the boa | rd, president or other officer-if directors ne hands of a receiver, trustee, or | |
| | | Demetrius L. Harryt (Typed or printed name o | | |
| | | | | |
| | | PRESIDEN | NT | |
| | | (Title of person | signing) | |