## N20000010464

| (Re                       | questor's Name)     |                |
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| PICK-UP                   | ☐ WAIT              | MAIL           |
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| (Bu:                      | siness Entity Name  | e)             |
|                           |                     |                |
| (Do                       | cument Number)      |                |
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| Certified Copies          | _ Certificates o    | of Status      |
|                           |                     |                |
| Special Instructions to I | Filing Officer:     |                |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations                |  |                              | ***   |
|---|--|------------------------------|---|
| Minority Youth Resc   | ources, Inc.   |                              |   |
| NAME OF CORPORATION:  |  |                              |   |
| N20000010464  |  |                              |   |
| DOCUMENT NUMBER:  |  |                              |   |
| The enclosed Articles of Amendment and fee are sub            | mitted for filing  |                              |   |
| Please return all correspondence concerning this matt         | er to the following:   |                              |   |
| Mary F. Andrew  |  |                              |   |
|   | (Name of Contact Per   | rson)                        | -   |
| Minority Youth Resources, Inc.                                |  |                              |   |
|   | (Firm/ Company   | )                            |   |
| 14286 Beach Blvd. Stc. 19 #338                                |  |                              |   |
|   | (Address)  |                              |   |
| Jacksonville, FL 32250  |  |                              |   |
|   | (City/ State and Zip C   | lode)                        |   |
| minyouthresources I@gmail.com                                 |  |                              |   |
| E-mail address: (to be used                                   | for future annual rep  | ort notification             | 1)  |
| For further information concerning this matter, please        | e call;  |                              |   |
| Mary F. Andrew  |  | 904                          | 524-2(X)3   |
|   |  |                              |   |
| (Name of Contact Person                                       | 1)   | (Area Code)                  | (Daytime Telephone Number)                                  |
| Enclosed is a check for the following amount made p           | ayable to the Florida E  | Department of                | State:  |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi<br>Certifi           | Diffiling Fee icate of Status led Copy tional Copy is used) |
| Mailing Address Amendment Section                             |  | eet Address<br>endment Secti | ол  |

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

FILED

| Minoritý Youth Resources, Inc   |                                 | 2022.OCT -6 PM 3:51                   |
|---|---------------------------------|---------------------------------------|
| (Name of Corporation as currently filed with the Florid   | da Dept. of State)              |                                       |
| N20000010464  |                                 | SECTE MAY OF STATE                    |
|   | 1 021 1 2101                    |                                       |
| (Document Nu  | imber of Corporation (if know   | n)                                    |
| Pursuant to the provisions of section 617,1006, Florida Sta<br>amendment(s) to its Articles of Incorporation: | atutes, this Florida Not For Pr | ofit Corporation adopts the following |
| (4.) If amending name, enter the new name of the corpo  | oration:                        |                                       |
| Youth Resources USA, Inc.   |                                 | 77                                    |
| name must be distinguishable and contain the word "corp   | ovation" or "incorporated" of   | the abbreviation "Corn" or "Inc"      |
| "Company" or "Co." may not be used in the name.   | orthion or meorporthete or      | The thin training strip. In the       |
|   | N/A                             |                                       |
| B. Enter new principal office address, if applicable:   |                                 | <del></del>                           |
| (Principal office address <u>MUST BE A STREET ADDRE</u>   | <u>NN</u> )                     |                                       |
|   | <del></del>                     |                                       |
|   |                                 |                                       |
|   |                                 |                                       |
| C. Enter new mailing address, if applicable:  | N/A                             |                                       |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  | <del></del>                     |                                       |
|   |                                 |                                       |
|   |                                 |                                       |
|   |                                 |                                       |
| D. If amending the registered agent and/or registered   | office address in Florida, ant  | er the name of the                    |
| new registered agent and/or the new registered offi   |                                 | CI CHE HAIRE OF CIA                   |
| N/A   |                                 |                                       |
| Name of New Registered Agent:   |                                 |                                       |
|   |                                 |                                       |
|   | ıFlorida                        | street address)                       |
| New Registered Office Address:  |                                 |                                       |
|   |                                 | . Florida                             |
|   | (City)                          | (Zip Code)                            |
|   | 10.1177                         | (24) Conty                            |
| New Registered Agent's Signature, if changing Registe   |                                 |                                       |
| I hereby accept the appointment as registered agent. I an   | n familiar with and accept the  | obligations of the position.          |
|   |                                 |                                       |
|   |                                 |                                       |
|   | 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>V</u> <u>Mi</u>              | hn Doe<br>ke Jones<br>Ily Smith                    |                 |
|--|---------------------------------|--|-----------------|
| Type of Action<br>(Check One)                      | <u>Title</u>                    | <u>Name</u>  | <u>Addres</u> s |
| 1) N/A Change Add                                  |                                 |  |                 |
| Remove   |                                 |  |                 |
| 2) <u>N/A</u> Change Add                           |                                 |  |                 |
| Remove   |                                 |  |                 |
| 4) N/A Change Add                                  |                                 |  |                 |
| Remove   |                                 |  |                 |
| 5) N/A Change Add                                  |                                 |  |                 |
| Remove   |                                 |  |                 |
| 6) N/A Change Add                                  |                                 |  |                 |
| Remove   |                                 |  |                 |
| E. If amending or addin<br>(attach additional shee | g additional<br>ts, if necessar | Articles, enter change(s) here: ry). (Be specific) |                 |
| N/A  |                                 |  |                 |
|  |                                 |  |                 |
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|  | 9/25/2022   |                                       |
|  | tion:   | _, if other than the                  |
| date this document was signed. 10/15/20  |   |                                       |
| Effective date if applicable:  |   |                                       |
|  | (no more than 90 days after amendment file date)  |                                       |
| Note: If the date inserted in this block document's effective date on the Depart | does not meet the applicable statutory filing requirements, this date will not l<br>tment of State's records. | be listed as the                      |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |                                       |
| The amendment(s) was/were adop was/were sufficient for approval.                 | ted by the members and the number of votes cast for the amendment(s)  |                                       |

|      | e are no members or members entitled to vote on the amendment(s). The amendment(s) was/were ted by the board of directors.   |
|------|--|
| <br> | Dated 10/4/2022  |
|      | 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)  Mary F. Andrew  (Typed or printed name of person signing)  |
|      |  |
|      | President, Chair of Board (Title of person signing)  |

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