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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	ONPROFIT INC *	1		
N20000013298 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su			· ·	
Please return all correspondence concerning this ma	itter to the following:			
JONECIA MICKENS				
	(Name of Contact P	erson)		······································
YOU MATTER NONPROFIT INC				
	(Firm/ Compan	y)		
1475 SAND BAY DRIVE SW APT. 11207				
	(Address)		<u> </u>	
ATLANTA, GA. 30331				
	(City/ State and Zip	Code)		
INFO@YOUMATTERFLGA.COM				
E-mail address: (to be us	sed for future annual re	port notificati	on)	
For further information concerning this matter, plea	se call:			19 (A)
Jonecia Mickens	31	813	298-4410 ) (Daytime Telepho	OEC
(Name of Contact Pers		(Area Code	) (Daytime Telepho	
Enclosed is a check for the following amount made	payable to the Florida	Department of	of State:	<b>3</b> (
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fees Certified Copy (Additional copy enclosed)	is Cert (Ad	.50 Filing Fee dificate of Status dified Copy ditional Copy is closed)	MH 9: 28
Mailing Address  Amendment Section  Division of Corporations	Α	reet Address mendment Se ivision of Cor	etion	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

YOU MATTER NONPROFIT INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N20000013298	
(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 folloamendment(s) to its Articles of Incorporation:	owing
A. If amending name, enter the new name of the corporation:	
	е неч
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or " "Company" or "Co." may not be used in the name.	Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mulling unuress MAT BE A POST OF FICE 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:	
(Florida street address) New Registered Office Address:	
, Florida, Florida	
(City) (Zip Citie)	
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.	

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.

X Change X Remove X Add	PT         John I           V         Mike .           SV         Sally S	Jones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	<u>S</u>	TAMMIE A. MICKENS	TAMPA, FL. 33612
Remove			
2) Change Add	<u>VP</u>	WILLIAM R. WHITE JR	3348 DEER STREET JACKSONVILLE, FL. 32209
Remove  3 ) × Change Add Remove	P/CEO_	JONECIA R. MICKENS	APT, 11207 ATLANTA, GA. 30331
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<del></del>	
Remove			
E. If amending or add (attach additional sh		rticles, enter change(s) here; (Be specific)	
YOU MATTER AIMS	TO PROVIDE RI	ESOURCES THAT EMPOWER INDIVIDU	ALS AND FAMILIES TO BECOME
SELF-SUFFICIENT, W	VE STRIVE TO T	RANSFORM THE LIVES OF INDIVIDUA	LS CAUGHT IN THE CYCLE OF
PROVERTY, THROUGH	GH ADVOCATIN	NG FOR THE DISADVANTAGE AND PAR	RTNERING WITH THE
COMMUNITY TO DE	VELOP RESOUR	RCES. OUR SERVICES ARE DEDICATED	TO PROVIDING SUPPORT AND
RELIEF TO INDIVIDU	JALS AND FAM	ILIES. IN ADDITION TO, PROVIDING TH	E IMMEDIATE NEEDS OF FOOD,

	· · · · · · · · · · · · · · · · · · ·	
ARRAY OF OTHER ESSENTIAL DONAT -	ION FOR THOSE EXPERIENCING CIRCUMSTANTIAL DIFFICULT	IES.
		<del></del>
<del></del>		
		<del></del>
	A.W	
	·	
The date of each amendment(s) adoption:	12/04/2020	it other than th
date this document was signed.		
Effective data if applicables 12/04/2020		
Effective date if applicable: (no	o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will not be	listed as the
Adoption of Amendment(s) (§	CHECK ONE)	

11	
Dated (  Signatur	
orginatur.	(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)
	JONECIA MICKENS
	(Typed or printed name of person signing)