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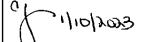
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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Pathways to Placement Inc
DOCUMENT NUMBER: NZ100000 0 913
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ananda Lewis
(Name of Contact Person)
(Firm/ Company)
136 Eastern Way
(1 tau 655)
Havana, FL 32333 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amanda Lewis at 850-566-1334
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee ☐ S43.75 Filing Fee & ☐ S43.75 Filing Fee & ☐ S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) ☐ Certified Copy (Additional Copy is Enclosed)
Mulling Address

Mailing Address

**TO:** Amendment Section

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

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(Name of Corporation as currently filed with the Florida	Dept. of State)	SCUAL HAAR
Pathways to	Placement	Inc. (N2100000
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit	Corporation adopts the following
A. If amending name, enter the new name of the corporat	tion:	
NIA  name must be distinguishable and contain the word "corpora		The new
"Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	AM	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NH	
D. If amending the registered agent and/or registered off	īce address in Florida, enter	the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent: MA		
New Registered Office Address:	(Florida su	cet address)
All	(City)	. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	d Agent: amiliar with and accept the ob	ligations of the position.
NIM	Signature of New Registered A	
-1-11-	Signature of New Registered A	gent it changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name	e.
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>1</u>	John Dog Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		NA	
Remove		1	
2) Change Add			
Remove 3 ) Remove     Add     Remove	<u></u>		
4) Change Add			
Remove			
5) Change Add	<u></u>		
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sho	ing additio	nal Articles, enter change(s) here: ssary). (Be specific)	
Article -	IX:	Purpose and Dissolut	ion Clause
Sand organ	nzat,	on is organized	exclusively for and scientific
charitable	e rel	igious educational	and scientific
purposes	includ	ing for such purp	650 the maknost
distribution	5 +04	Forganization that	+ qualify as exemp

organizations described under Section 501(c)(3) of
the Internal Revenue Code, or corresponding section
of an future Federal tax code.
Upon the dissolution of the Corporation assers
shall be distributed for one or more exempt purposes
Upon the dissolution of the corporation assets shall be distributed for one or more exempt pirposes within the meaning of section 501(c)(3) of the
Internal Revenue Code or the corresponding
section of any Future Federal tax code, or shall
be distributed to the Federal government, or to a State
or local government for a public purpose. Any such
assets not so disposed of by a court of Competent
Jurisdiction of the country in which the principal office
of the corporation's then locate exclusively for such
NUMBER OF TO SUCH ORONDIS OF NON OF VIGGOIZATIONS OF
said Court shall dotermine, which are organized
and operated exclusively for such purposes

The date of each amendment(s) adoption: 1/3/25 date this document was signed.	, if other than the
Effective date if applicable: 1323 (no more than 90 days after amendment file date)	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

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

	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
•	Dated 1/10/25
	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)
	(Typed or printed name of person signing)
	10

(Title of person signing)