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COVER LETTER

Division of Corporations GUFTIC
NAME OF CORPORATION: (7/ 2) bal Youth For Talont In Diversity US, Cor
DOCUMENT NUMBER: N2100001280
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Julia Browne (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
1155 Malabar Road Suite 18, #10008.2
Palm Bay Florida 329 10 (329/0)
Palm Buy Florida 329 (0) (329/2) (City/ State and Zip Code) aann \$6578 aann \$6578 @ gmail 70m E-mail fodress: (to be used for future annual report notification)
For further information concerning this matter, please call:
TULIA BROWNE at 979 39363/4 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
\$35 Filing Fee \$\times \text{S35 Filing Fee & Certificate of Status}\$\$ Certified Copy (Additional copy is enclosed) \$\times \text{S52.50 Filing Fee}\$\$ Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation of

Global Youth for Talent In Diversity	2 (OLL
(Name of Corporation as currently filed with the Florida Dept. of State)	•
N2166681280	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopted amendment(s) to its Articles of Incorporation:	ts the following
A. If amending name, enter the new name of the corporation:	
\sim / $_{\rm A}$	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Con	
"Company" or "Co," may not be used in the name.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) PUBUX 100083	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Palm Bay Florida	32910
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:	
X / / /L	
Name of New Registered Agent:	
—4Florida street address) New Registered Office Address:	
, Florida	
(City) (Zip Code	2)
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the posit	ion.
	2021
	,
Signature of New Registered Agent, if changing	23
	23
	<u>-0</u>
·	50

and address of each Offi (Attach additional sheets, Please note the officer/dir P = President; V = Vice P	cer and/ if necess rector title resident; Chief Fi	or Direct ary) e by the fi T= Treas inancial C	or being added: irst letter of the offic surer; S= Secretary Officer. If an officer	ce title: ;: D= Director; TR= Tr.	Idirector being removed and title, name, ustee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office
	ves the co	rporation	i, Sally Smith is nar		PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jon Sally Sm	<u>nes</u>		
Type of Action (Check One) I	Title	raf i	Name ional Di	recter of Blaunt	Address
Change Add Remove	D	-	JULIA	BLAUNE	1155 Malabar Road. 54.16 16. # 100082 Palm Bay 71 32410
2) Change Add		_			
Remove 3) Change Add Remove		_			
4) Change Add		_			
Remove 5) Change Add		_			
Remove					
6) Change Add		_		. .	
Remove					
E. If amending or addin (attach additional shee				s) here:	

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The date of each amendment(s) adoption:	, if other than t
the sales of the s	 ,
Effective date if applicable: Monday 9 10 202 (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 wil document's effective date on the Department of State's records.	l not be listed as the
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)	
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.

Monday 19, July 2021

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)

JULIA BROWNE
(Typed or printed name of person signing)

International Director of Devations
(Title of person signing)

THE

FURCE

BE WITH YOU ...

MAY