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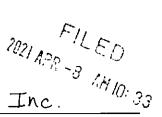
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	on: Blessed &	Unstappas	ie Yout	n Empaverment	Goup
DOCUMENT NUMBER:	NZIDAOG	r03288_			
The enclosed Articles of Art	nendment and fee are subr	nitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
7					
	MAANUEL	(Name of Contact P	erson)		
DIETICA É ME	nstoppable yo	UTU EMPU	<u>vermer</u>	it Group	
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10144 Somersb	y orive				
		(Address)			
priverview, FL	33578		_		
		(City/ State and Zip	Code)		
iamemmanue	L4444 8 5ma	uil.com			
	E-mail address: (to be used		port notificat	ion)	
For further information con-	cerning this matter, please	call:			
Emmanuel	joiner	ដូរ	504-	513-1344	
	(Name of Contact Person		(Area Code) (Daytime Telephone Nur	nber)
Enclosed is a check for the	following amount made pa	yable to the Florida	Department (of State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Cer is Cer (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)	
Mailing /			reet Address		
	ent Section of Corporations		nendment Se vision of Co		
P.O. Box				Tallahassee	
	ee, FL 32314	24	15 N. Moni	roe Street, Suite 810	

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of



Bluxd& unstoppasse Voum Empowerment Group (Name of Corporation as currently filed with the Florida Dept. of State) J21ØØØØØ3288 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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) 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 _ (Citv) (Zip Code) 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.

Example: X Change X Remove X Add		Doe : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove		<u> </u>	
4) Change Add			
Remove			
5) Change Add			
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6) Change Add			
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E. If amending or addin (attach additional shee		rticles, enter change(s) here:), (Be specific)	
Upon dissolution	i of mus	organization, askts shall b	edumbuted for one or
more exempt p	urposes w	mun me meaning of sec	then 501(c)(3) of the
inkmal reveni	u code o	r uncipading kehon of a	iny future tax code or
shall be dome	ukd to	me federal givernmento	rto a state (local
gurmment for			

		
		
		
		
		
		
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The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:	o more than 90 days after amendment file date)	.
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be tof State's records.	e listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

. ,	
Ø	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 4-4-20
	(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)
	President (Title of person signing)