N21000003425

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COVER LETTER

TO: Amendment Section Division of Corporations

THE CURTIS FOUNDATION CORP. NAME OF CORPORATION:	
N21000003425 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
ENID C PINKNEY	
(Name of Contact Person)	
THE CURTIS FOUNDATION CORP.	
(Firm/ Company)	
4990 NW 31st Avenue	
(Address)	
Miami, FL 33142	
(City/ State and Zip Code)	
pinkne_e@bellsouth.net	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Enid Pinkney 3056355130 at	
(Name of Contact Person) (Area Code) (Daytime Telep	phone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Amendment Section	

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

21 AUG 12 pm

THE CURTIS FOUNDATION CORP.

N21000003425		**5
(Document Nu	umber of Corporation	(if known)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida No</i>	t For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorpor	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered officers.		ida, enter the name of the
	V/A	
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
		Placida
	(City)	, Florida (Zip Code)
Non-Desirational Assessed Statement of the Statement Desiration		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am		cept the obligations of the position.
	•	
	Signature of New Re	gistered 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	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	ENID C. PINKNEY	4990 NW 31ST AVENUE MIAMI, FL 33024
	<u>Presiden</u>	ENID C. PINKNEY	4990 NW 31st Avenue Miami, FL 33142
Remove 3 Change × Add Remove	Vice Pre	Gary A. Allen	Miami, FL 33142
4) Change Add	Secretar	Junie Ati	2040 NW 89th Avenue Pembroke Pines, FL 33024
Remove 5) Change Add	Treasure	Stephanic Thomas	5927 NE 4th Court Miami, FL 33137
Remove 6) Change Add			
E. If amending or additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
		purpose of providing job opportunites, educat	
servicees are offered and	provided at a not	for profit status.	

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	s) adoption: August 9, 2021			it other than the
The date of each amendment(date this document was signed.	s) adoption:	 		, if other than the
date this document was signed.	August 9, 2021			
Effective date if applicable:	(no more than 90 days	atter amendment tile	date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applica e Department of State's records.	ble statutory filing rec	quirements, this date will (not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and to	he number of votes ca	ast for the amendment(s)	

Dated	August 9, 2021
17accu _	
Signature	
ŀ	By the chairman or vice exairman 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)
	Enid C. Pinkney
	Enid C. Pinkney (Typed or printed name of person signing)
