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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	PHOEBE'S FORTR	ESS INC.		
	N21000005344			
DOCUMENT NUMBER: _	<u> </u>			
The enclosed Articles of Ame	endment and fee are sub	mitted for filing.		
Please return all corresponder	nce concerning this matt	er to the following:		
Dr. Hyacynthia M. Leonce-J	ames			
		(Name of Contact P	erson)	
		(Firm/ Compan	у)	
14062 SW 260TH STREET	#107			
		(Address)		
		· ·		
HOMESTEAD, FL 33032				
		(City/ State and Zip	Code)	
hleonce@yahoo.com				
E-	mail address: (to be use	d for future annual re	port notificatio	n)
For further information conce	erning this matter, please	call:		
Dr. Hyacynthia M. Leonce-Ja	ames	a	786 t	728-1018
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made p	ayable 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)	is Certif (Addi	0 Filing Fec ficate of Status fied Copy tional Copy is osed)

Mailing Address

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



September 1, 2021

DR. HYACYNTHIA M. LEONCE-JAMES 14062 SW 260TH STREET #107 HOMESTEAD, FL 33032

SUBJECT: PHOEBE'S FORTRESS INC.

Ref. Number: N21000005344

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

You must submit all pages for filing. Page 1 of 4 is missing. All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00021149

Querida R Silas Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of

FILED 2021 SEP 13 AM 9: 19

Phoebe's Fortress Inc.

(Name of Corporation as currently filed with the Flor	rida Dept. of State)	ALCAMAGE FOR STILL
(Document N	Number of Corporation (i	** F + F1 33//5 *** [known]
Pursuant to the provisions of section 617,1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	pøration:	
		The new
name must be distinguishable and contain the word "cor" Company" or "Co." may not be used in the name.	rporation" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>(ESS</u>)	
	<u></u>	
	<u> </u>	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX))	
D. 16	d - 65 a and demonstrations	do antor the name of the
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		da, enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent.	·	
		(Florida street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: am familiar with and acc	ept the obligations of the position.
	Signature of New Reg	istered Agent, if changing

$P = President \cdot V = Vice V$	irector title by the President; T= Tred = Chief Financial	first letter of the office title: asurer; S= Secretary; D= Director; TR= Trus Officer. If an officer/director holds more that be PTD.	stee; C = Chairman or Clerk; CEO = in one title, list the first letter of each of
Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	ives the corporatio	nanner. Currently John Doe is listed as the Pon, Sally Smith is named the V and S. These sh SV as an Add.	ST and Mike Jones is listed as the V. T would be noted as John Doe, PT as a Cl
Example: XChange X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change Add	DPCEO	Dr. Hyacynthia M. Leonce-James	14062 SW 260TH STREET #107 HOMESTEAD, FL 33032
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add	·		
Remove			
5) Change Add	 		
Remove			
6) Change Add			
Remove			
E. If amending or additional she	ing additional Ar eets, if necessary).	ticles, enter change(s) here: (Be specific)	
		rporated exclusively for charitable and educat	
		ng premarital and marriage workshops, assist	
sessions, and workshop	s in order to enhan	ice their quality of life; and by providing men	tal nealth and financial support to the
community in emergence	ey situations.		· · · · · · · · · · · · · · · · · · ·

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, na

and address of each Officer and/or Director being added:

			
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		<u>-</u>	
		 	
			-
	<u> </u>	. <u></u>	
The date of each amendment(s) adoptidate this document was signed.	on:		, if other than
Effective date if annicable			
Effective date if applicable:	(no more than 90 days a	fier amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	oes not meet the applicable nent of State's records.	e statutory filing requirem	ents, this date will 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) 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 (6/29/2) Signature H. Promost Images			
(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)				
	Dr. Hyacynthia M. Leonce-James			
	(Typed or printed name of person signing)			
	Member, President, Director, and Chief Executive Officer			
	(Title of person signing)			