



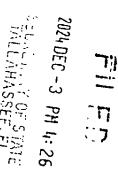
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

World Youth Horiz NAME OF CORPORATION:	ons, Inc.
N21000007853	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Jeffrey D. Hoffman	
	(Name of Contact Person)
World Youth Horizons, Inc.	
	(Firm/ Company)
3208 E Colonial Drive, # 293	
	(Address)
Orlando, FL 23803	
	(City/ State and Zip Code)
jeff@jeffhoffman.com	
E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, please	e call:
Robin Spillias	850 210-3818
(Name of Contact Person	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

ATTACHED CICK 329/125UC

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

World Youth Horizons, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N21000007853 (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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A , Florida (City) (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	PT John Do V Mike Jo SV Sally Su	nes	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>S</u>	Raychel Christensen	3208 E Colonial Drive #293 Orlando, FL 32803
× Remove			
2) Change Add	ST	Robin Spillias	2585 Panther Creek Road Tallahassee, FL 23208
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add	 		
Remove			
6) Change Add			
Remove			······································
E. <u>If amending or addin</u> (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			

		
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Mayanha	-14, 2021	
The date of each amendment(s) adoption: Movember date this document was signed.	16, 2024	if other than the
Effective date if applicable: November 16, 2024		
(no more that	n 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	e applicable statutory filing requirements, this date will not be records.	listed as the
Adoption of Amendment(s) (CHECK O	<u>NE</u>)	
The amendment(s) was/were adopted by the memb was/were sufficient for approval.	ers and the number of votes cast for the amendment(s)	

Dated	11/16/2024
Signatu	(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)
	Jeffrey D. Hoffman
	(Typed or printed name of person signing)
	President
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.