

NZ1000008664

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SFL CARES OF THE NATIONAL CARES MENTORING MOVEMENT INC.

DOCUMENT NUMBER: N21000008664

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VANESSA PIERRE

(Name of Contact Person)

SOUTH FLORIDA CARES MENTORING MOVEMENT

(Firm/ Company)

P.O. BOX 612873

(Address)

MIAMI, FLORIDA 33261

(City/ State and Zip Code)

VPIERRE@CARESMENTORING.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA PIERRE

305

5630731

at

(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

SFL CARES OF THE NATIONAL CARES MENTORING MOVEMENT INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N21000008664

(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

*The new 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)

NATIONAL CARES MENTORING MOVEMENT

5 Penn Plaza, 23rd Floor

New York, NY 10001

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

SOUTH FLORIDA CARES MENTORING

P.O.BOX 612873

MIAMI, FLORIDA 33261

**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:

VANESSA PIERRE

15490 NW 7TH AVENUE SUITE 102

(Florida street address)

New Registered Office Address:

MIAMI

(City)

Florida 33169

(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

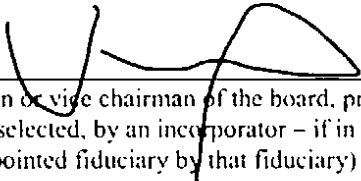
23 JUN 31 PM 6:24





- 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 5/23/2023

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)

VANESSA PIERRE  
\_\_\_\_\_  
(Typed or printed name of person signing)

DIRECTOR  
\_\_\_\_\_  
(Title of person signing)