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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SFL CARES OF TH NAME OF CORPORATION:	E NATIONAL CARI	ES MENTORI	NG MOVEMENT INC.
N21000008664 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
VANESSA PIERRE			
	(Name of Contact Pe	rson)	
SOUTH FLORIDA CARES MENTORING MOVEN	4ENT		
	(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 rep	ort notification	1)
For further information concerning this matter, please	e call:		
VANESSA PIERRE	th?	305	5630731
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi Certifi) Filing Fee cate of Status ed Copy tional Copy is sed)
Mailing Address Amendment Section		eet Address iendment Secti	ion.
Division of Corporations		ision of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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	e Florida l	Dept. of State)	
N21000008664			
(Docum	nent Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	rida Statut	es, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the N/A	e corporat	tion:	The new
name must he distinguishable and contain the word "Company" or "Co." may not he used in the nam		tion" or "incorporated" or the abbreviation "Corp." o	
B. Enter new principal office address, if applica	ıble:	NATIONAL CARES MENTORING MOVEMENT	
(Principal office address <u>MUST BE A STREET A</u>) 5 Penn Plaza, 23rd Floor	
		New York, NY 10001	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	SOUTH FLORIDA CARES MENTORING	
		P.O.BOX 612873	
		MIAMI, FLORIDA 33261	
D. If amending the registered agent and/or reginew registered agent and/or the new register			23 J
Name of New Registered Agent:	VANESS	SA PIERRE	医
	15490 N	W 7TH AVENUE SUITE 102	
New Registered Office Address:		(Florida street address)	-
	MIAMI	. Florida 33169	ئر ق
		(City) (Zip Code)	 _
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered nt. Lam fa	A Agent: uniliar with and accept the obligations of the position.	
		19-1	
	S	ignature 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 Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change x Add	D	VANESSA PIERRE	P.O.BOX 612873 MIAMI, FLORIDA 33261
Remove			
2) × Change Add	<u>C</u>	AARON D. NICHOLSON	P.O.BOX 612873 MIAMI, FLORIDA 33261
Remove 3) Change Add Remove	 -		
4) Change Add	***************************************		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
N/A		·····	

		_
		
		
· · · · · · · · · · · · · · · · · · ·		
		<u>.</u>
The date of each amendment(s) adoption	n:	if other than the
date this document was signed.	**	
Effective date if applicable: 4/26/2023		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will nent of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

	5/23/2023
Dated	
Signatur	
3.5	(By the chairman of vige 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)
	(Typed or printed name of person signing)