N21000009835

| (Re | questor's Name) | |
|--|-------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| —————————————————————————————————————— | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| | | |
| PICK-UP | MAIT WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| | • | , |
| (Do | cument Number) | |
| (| , | |
| Certified Copies | Certificates | of Status |
| | _ Certificates | o or otatus |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | ļ |
| | | |

Office Use Only



300376039303

11/05/21--01027--006 **35.00

2021 HOV -5 PM 3: 22

Y SULKER NOV 2 3 2021

COVER LETTER

TO: Amendment Section Division of Corporations

| 4 Corners Community School, Inc. NAME OF CORPORATION: | |
|---|---|
| N21000009835 DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee are submitted for filing. | • |
| Please return all correspondence concerning this matter to the following: | |
| Melanie Swift Guin, MNM, CNC | |
| (Name of Contact Person) | |
| Swift Philanthropy Solutions | |
| (Firm/ Company) | |
| 9300 Conroy Windermere Road, #847 | |
| (Address) | |
| Windermere, FL 34786 | |
| (City/ State and Zip Code) | |
| plocherster@gmail.com | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Melanie Swift Guin 321 236-7292 | |
| (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: | |
| ■ \$35 Filing Fee | |
| Mailing Address Street Address | |

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

| 4 Corners Community School, Inc. | | | |
|--|------------------------------------|------------------------|--|
| Name of Corporation as currently filed with the Flor | ida Dept. of State |) | |
| N21000009835 | | | |
| (Document N | lumber of Corpora | tion (if known) | - |
| Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation: | tatutes, this <i>Florid</i> | a Not For Profit Corp | poration adopts the following |
| A. If amending name, enter the new name of the corp | oration: | | |
| name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name. | poration" or "inco | rporated" or the abbi | The new reviation "Corp." or "Inc." |
| B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRI</u> | ESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
|). If amending the registered agent and/or registered new registered agent and/or the new registered offi | office address in | Florida, enter the na | me of the |
| Name of New Registered Agent: | ice address. | | PRICE S |
| New Registered Office Address: | , <u>,</u> | (Florida street addre | 255) |
| | (City) | | , Florida (Zip Code) |
| ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I am | ered Agent: n familiar with and | accept the obligation | s of the position. |
| | Signature of New | Registered Agent, if a | 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 | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|---|------------------------------|---|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| l) Change Add | | | |
| 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 adding (attach additional sheet | z additio s, if neces | nal Articles, enter change(s) here: ssary). (Be specific) | |
| Article III is amended to r | ead: | | |
| The Corporation is organization | zed exclu | sively for charitable, religious, educational and so | ientific purposes, including for such |
| purposes, the making of di | stribution | ns to organizations that qualify as an exempt orga | nization under section 501(c)(3) of the |
| Internal Revenue Code, or | the corre | sponding section of any future federal tax code. S | specifically, to provide a place for |
| children and families to th | rive. We | are a community-based cooperative center establi | shed to provide a safe space |

| for our children and ourselves to be | earn, advance and socialize with others. | |
|---|--|-------------------------|
| Article IX is added: | | |
| Upon dissolution of the Corporation | on, assets shall be distributed for one or more exempt purposes within the r | meaning of |
| section 501(c)(3) of the Internal R | evenue Code, or the corresponding section of any future federal tax code, or | or shall be |
| distributed to the federal government | ent, or state or local government for public purpose. Any such asset not so | disposed of |
| shall be disposed of by the Court of | of Competent Jurisdiction of the county in which the principal office of the | county in |
| which the principal office of the co | orporation is then located, exclusively for such purpose or to such organiza | ution or |
| organizations as said Court shall d | etermine, which are organized and operated exclusively for such purposes. | |
| | | |
| | | <u> </u> |
| | | |
| | | |
| | | <u></u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| The date of each amendment(s) a date this document was signed. | doption: October 29, 2021 | , if other than the |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the De | ock does not meet the applicable statutory filing requirements, this date will epartment of State's records. | Il not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were a was/were sufficient for approv | dopted by the members and the number of votes cast for the amendment(s) al. |) |

•

| Dated | October 29, 2021 |
|----------|--|
| Signatur | eMandie L. Jones |
| J | (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) |
| | Mandie L. Jones |
| | |
| | (Typed or printed name of person signing) |