N21000	010292
(Requestor's Name) (Address) (Address)	900378800039
(City/State/Zip/Phone #)	03/08/2201011083 **35.00
(Document Number) Certified Copies Certificates of Status	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FL

February 10, 2022

TARA LAXER 21675 FALL RIVER DR BOCA RATON, FL 33428 US

SUBJECT: THE MOVEMENT "RECLAIMING OUR NARRATIVE AND STANDING UP AGAINST ANTISEMITISM TOGETHER" INC Ref. Number: N21000010292

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

There is a balance due of \$35.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

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.

Jasmine N Horne Regulatory Specialist II

Letter Number: 422A00003402

www.sunbiz.org

Relations of N	Articles of	to Incorporation	FILED
	the second address of the second second		2022 HAR -7 PH 12: 2
(<u>Name o</u> 2100010292	f Corporation as curre	ently filed with the Florida D	ept. of State)SECRETARY OF STAT TALLAHASSEE, TO DE
		er of Corporation (if known)	
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, t	his Florida Profit Corporation	adopts the following amendment(s) to
. If amending name, enter the new na	me of the corporation:	1	
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association," . Enter new principal office address,	'orp," "Inc," or "Co". or the abbreviation "P.	. A professional corporation	Thencw d'' or the abbreviation ''Corp.,'' name_must_contain_the_word
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Boca Raton FL 33428		
 Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) 	21675 Fall River Dr		
		Boca Raton FI 33428	
). If amending the registered agent an new registered agent and/or the new			name of the
Name of New Registered Agent	Tara Laxer	· · · · · · · · · · · · · · · · · · ·	
	21675 Fall River Dr		
		a street address)	12429
<u>New Registered Office Address</u> :	Boca Raton	(City)	Florida (<i>Zip Code</i>)

Signature of New Registered Agent, if changing

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Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

· . ·

'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:

<u>X</u> Change	<u>PT</u>	John Doe	
<u>X</u> Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
Add			. <u></u>
Remove			
4) Change			
Add			
Remove			
5) Change	÷. •		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
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<u> </u>	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u></u>	

. .

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	h amendment(s) adoption: _
date this docum	ent was signed.

Effective date if applicable:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- □ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by 7 (voting group)

1-6-2022 Dated

Signature

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Tara Laxer

(Typed or printed name of person signing)

President

(Title of person signing)