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Exa2/41/2022

COVER LETTER .

TO: Amendment Section / Division of Corporations
NAME OF CORPORATION: 120- YOUTH TURN TOWARDS BREATHES
DOCUMENT NUMBER: N22 000 000 229
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kim L. Johnson (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
2321 MONROE STREET, UPIT A HOLL WOOD, FL 33020 (City State and Zip Code)
(Address) * (
HOLL Wood, FC 33020
E-mail address: (to be used for future annual report notification)
For further information/concerning this matter, please call:
(Name of Contact Person) (Name of Contact Person) (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
S35 Filing Fee
Mailing Address

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

Articles of Aneudanent Articles of Incorporation of Articles of Incorporation of (Name of Corporation as currently filed with the Florida Dent. of State) (Name of Corporation as currently filed with the Florida Dent. of State) (Name of Corporation as currently filed with the Florida Dent. of State) (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 onceudments) to its Articles of Incorporation: A. If amending name, enter the new oams of the corporation: A. If amending name, enter the new oams of the corporation: The new "Company" or "Co," may not be used in the name. "Company" or "Co," may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address HUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Molling address MAY BE A POST OFFICE BOX) A. If amending the resistered 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: New Registered Agent: New Registered Office Address: Signature of New Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. New Registered Agent: Signature of New Registered Agent: Signature of New Registered Agent: Signature of New Registered Agent:			
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hereby accept the appointment as registered agent. I am familian with and accept the obligations of the position. ———————————————————————————————————			_
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Signature of New Registered June 16 -1	t nevery accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.	
Signature of New Registered James of L.		NIA	
		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:

(A)tach 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: \underline{X} Change \underline{X} Remove \underline{X} Add	PT John De Y Mike Jo SV Sally Si	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	_0_	Alberto A. Rivera	2477 NW 6854 HIRMI, IC 33147
Remove	SY	Vyvyan Rodgers	1806. NW 107 St High, FC 33167
2) Change Add	51	Alberto A. R. vera	2477 NW 68 St Man, EL 33147
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee	ets, if necessary).		
Alberto A	Rivera 1	n Rudgers will no organization.	Vice President/
Secretory	. Vyvya	n Rudgers will no	longer be
apart 81	the c	organization.	<i>-</i>
***************************************		<i>O</i>	

The date of each amendment(s) adoption: Florograp 25 2027
date this document was signed.
Effective data if applicables Pebrusia 25 7022
The date of each amendment(s) adoption: February 25, 2027 if other than the date this document was signed. Effective date if applicable: February 25, 2027 if other than the date this document was signed. [no more than 90 five 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 members and the number of votes east for the amendment(s) was/were sufficient for approval.

 Def	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 425/2022
	Signature Charles and a control of the form of the for
	(By the chairman or rice chairman of the heard, 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)
	(Typed or printed name of person signing)
	President (Title of person signing)