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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	mmunity Alliance, INC		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning the	his matter to the following:		
Sheni Meghani			
	(Name of Contact F	Person)	
Strategic Community Alliance, INC			
1187-11	(Firm/ Compan	ıy)	
9111 SW 60th Court Road			
	(Address)		
Ocala, FL 34476			
	(City/ State and Zip	Code)	
shenimeghani@yahoo.com			
E-mail address: (to	be used for future annual re	port notificatio	n)
For further information concerning this matter	r, please call:		
Sheni Meghani	а	267 t	575-1227
(Name of Contact			(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of		is Certif (Addi	O Filing Fec ficate of Status fied Copy ational Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Address mendment Sect ivision of Corp he Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Strategic Community Alliance, INC

2023 JAN 17 AM 7: 20

Name of Corporation as cu	rrently filed with the Flor	ida Dept, of State)		
SN22000001020	N220000	001020	1. 1.1	- 11:
	(Document N	umber of Corporation (if kr	nown)	
Pursuant to the provisions of simendment(s) to its Articles of		tatutes, this Florida Not Fo	r Profit Corporation adopts th	e following
A. If amending name, enter	the new name of the corp	oration:		
				The new
name must be distinguishable <mark>"Company" or "Co," may no</mark>		poration" or "incorporated	" or the abbreviation "Corp."	or "Inc.
B. Enter new principal offic Principal office address <u>MU</u>		ESS)		
C. Enter new mailing addr (Mailing address MAY B)	ess, if applicable: E <u>A POST OFFICE BON</u>)			
				
D. If amending the registere new registered agent and	ed agent and/or registered Nor the new registered off		enter the name of the	
Name of Ne	w Registered Agent:		<u></u>	
New Regis	tered Office Address:	Flo	orida street address)	
			, Florida	
		(City)	(Zip Code)	
New Registered Agent's Sign				
I hereby accept the appointme	nt as registered agent. I a	m familiar with and accept	the obligations of the position	
		Signature of New Registe	and Aroms if chancing	
		signature of New Registe	ава муви, у спануту	

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>	Name	Address
1) Change Add			
Remove			-
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	
Upon the dissolution of th	ne organi:	zation, assets shall be distributed for one or more of	exempt purposes within the meaning
of Section 501(c)(3) of th	e Interna	Revenue Code, or corresponding section of any t	future federal tax code, or shall be
distributed to the federal	governine	ent, or to a state or local government, for public pe	rpose.

•		
,	1.0	
		
	01/10/2023	
The date of each amendment date this document was signed	(s) adoption:	, if other than the
Effective date <u>if applicable</u> :	01/10/2023	
in applicable.	(no more than 90 days after amendment file da	nte)
ation that the altern	is black long not must the amiliarly atomics of fline even	

<u>Note:</u> 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 cast for the amendment(s) was/were sufficient for approval.

Dated	01/10/2023
Signature	Sheni Aprami
9	(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)
	•
	Sheni Meghani
	Sheni Meghani (Typed or printed name of person signing)
	* · · · · · · · · · · · · · · · · · · ·