## N2200005087

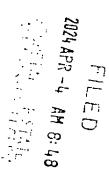
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

THE MORR	ISON INITIATI	IVE. INC.			
N22000005087					
DOCUMENT NUMBER:	·				
The enclosed Articles of Amendment and fee	are submitted fo	r filing.			
Please return all correspondence concerning th	is matter to the	following:			
	Nashika T. Og	įilvie			
	(Name	of Contact Perso	on)		
	THE MORRE	SON INITIATI	VE INC.		
	(Fir	rm/ Company)			
	4142 Onega	Circle			
		(Address)			<del></del>
	West Palm	Beach, Florida	33409		
	(City/ S	tate and Zip Co	de)		
	nashikaa@j	yahoo.com			
E-mail address: (to	be used for futu	ire annual repor	t notification	)	
For further information concerning this matter	, please call:				
Nashika T. Ogilvie		at	561	254-6427	
(Name of Contact	Person)		Area Code)	(Daytime Telephone)	Number)
Enclosed is a check for the following amount i	nade payable to	the Florida De	partment of S	State:	
■ \$35 Filing Fee □\$43.75 Filing I Certificate of S	Status Certif	fied Copy itional copy is	Certific Certific	Filing Fee cate of Status ed Copy fonal Copy sed)	
Mailing Address Amendment Section			t Address ndment Section	on .	

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

	Articles of Incorporation	$\mathcal{F}_{II}$
THE MORRISON INITIATVE, INC.	of	2024 APP4 AH 8: 48
Name of Corporation as currently filed with the	Florida Dept. of State)	AH R.
N22000005087		7. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
(Docume	ent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
MORRISON INITIATIVE, INC.		The
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated	The new d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	le: DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u> )	
D. If amending the registered agent and/or regist new registered agent and/or the new registered	ered office address in Florida. d office address:	enter the name of the
Name of New Registered Agent:	·	<del></del>
- <u>New Registered Office Address</u> :	(F)	lorida street address)
-	(City)	, Florida (Zip Code)
Now Bogistavad Agentic Signature if the pains D.		(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept	the obligations of the position.

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:

(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	7. 5	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
t) X Change Add	VT	Lestey - Ann D Jackson	5180 Foxhall Drive S. West Palm Beach, Florida 33409
Remove			Swansea District, Fourth Path,
2) X Change Add	<u>D</u>	Morika Ebanks	P.O. Clarendon, Jamaica West Indies
X Remove 3 ) Change Add Remove	<u>M</u>	Intrepid Lending Solutions Inc.	9112 AET ATA, Suite 102 North Palm Beach, FL 33403
4) Change Add			
Remove 5) Change Add			
Remove  Change Add			
E. If amending or adding (attach additional shee		al Articles, enter change(s) here: sary). (Be specific)	
Article III			
To promote global health	and well b	eing by addressing the Social Determinants of	Health as defined by the World Health
Organization, and to supp	ort the 17	Sustainable Development Goals as developed	by the United Nations with a specific
focus on (a) goal 1: no po	verty, (b) g	goal 2: no hunger. (c) goal 3: good health and v	vell-being, (d) goal 4; quality education
·		6: Clean water and sanitation, and (h) goal 7: p	

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The date of each amendment(s) adoption date this document was signed.	otion:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
		. 11 1
<b>Note:</b> If the date inserted in this block document's effective date on the Department	does not meet the applicable statutory filing requirements, this date will not be rtment of State's records.	e usted as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	

adopted by the be	pard of directors.
	03/20/24
Dated	
Signature	
	(By the chairman of 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)
	Nashika T. Ogilvie
	(Typed or printed name of person signing)
	President
	(Title of person signing)

 $\blacksquare$  There are no members or members entitled to vote on the amendment(s). The amendment(s) was were