Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000206495 3)))



H220002084953ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000060 Phone : (407)674-8969 Fax Number : (407)674-8970

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN THE LANTERN FOUNDATION INC

Certificate of Status Û Certified Copy Page Caula 1 5 2022 05 Estimated Chargo \$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

FILED

THE LANTERN FOUNDATION INC

14 JUN 14 PM 8: 27

Name of Corporation as currently filed with the Fl	lorida Dept. of State)	SECRETAR
N22000005623		SECRETARY OF STATE TALLAHASSEE, FL
(Document	t Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not Fe	or Profit Corporation adopts the following
A. Hamending name, enter the new name of the co	orporation:	
	·	The new
name must he distinguishable and contain the word "c "Company" or "Co." may not he used in the name.	curporation" or "incorporated	l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u>x</u>)	
D. If amending the registered agent and/or register new registered agent and/or the new registered	ed office address in Florida office address:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F)	orida street address)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<mark>istered Agent:</mark> I am familiar with and accept	the obligations of the position.
	Signature of New Regist	avad Agant if shanning
	Signature of ivew Regist	ereu ngent, ij 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	PT John D V Mike Je SV Sally S	Ones	
Type of Action (Check One)	<u>Title</u>	Name .	Address
1) × Change Add	<u>P</u>	VIEIRA DE MELO, FLAVIO	5401 S KIRKMAN RD, STE 242 ORLANDO, FL 32819
Remove 2)	<u>v</u>	M WHITEACRE, STEVEN	S401 S KIRKMAN RD, STE 242 ORLANDO, FL 32819
Remove 3)	<u>S</u>	CRISTINA LEAL, FLAVIA	5401 S KIRKMAN RD, STE 242 ORLANDO, FL 32819
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove E. 1f amending or addin (attach additional shee	ng additional Arti ris, if necessary).	icles, enter change(s) here: (Be specific)	
			
	<u>-</u>		
			<u> </u>

Jun. 14. 2022 11:5/AM			No. 6158 P. 4
	-		,
		··	
		-	The state of the s
		·	
		\\\\-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The state of the s
	·		
The date of each amendment(s) adoption date this document was signed.			, if other than the
Effective date if applicable:		Her amendment file date)	
(no more than 90 days af	ter amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable nt of State's records.	statutory filing requirements,	this date will not be listed as the
Adoption of Amendment(s)	(CMECK 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.

Dated	06/14/2022
Signatur	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) FLAVIO VIEIRA DE MELO
	(Typed or printed name of person signing)
	(1 speci of lattice of person signing)