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COVER LETTER

TO: Amendment Section Division of Corporations

MERITORIOUS FOUNDATION INC. AME OF CORPORATION:
N22000006647 OCUMENT NUMBER:
he enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
CATHERINE KOSTREVA
(Name of Contact Person)
MERITORIOUS FOUNDATION INC.
(Firm/ Company)
06 17TH AVENUE SE
(Address)
T. PETERSBURG, FL 33701
(City/ State and Zip Code)
CATHERINE@MERITORIOUS.NYC
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
KATHERINE KOSTREVA 727 492-6421 at
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
nclosed is a check for the following amount made payable to the Florida Department of State:
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)

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 to Articles of Incorporation of

FILED

MERITORIOUS FOUNDATION INC.

2023 FEB 24 AH II: 36

N22000006647		VALLA SESSE
(Document	Number of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "co	opporation" or "importance	The new
"Company" or "Co." may not be used in the name.	orporation of incorpora	ted of the abbreviation Corp. or mc.
3. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADD	<u>KESS</u>)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
). If amending the registered agent and/or register		da, enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
	(0:.)	, Florida (Zip Code)
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Regin hereby accept the appointment as registered agent.		ept the obligations of the position.
	Signature of New Reg	istered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Si	ones	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
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			icles, enter change(s) here: (Be specific)	
AMENDING ARTICLE	III TO RI	EPLACE	CURRENT ORGANIZATION PURPOSE W	VITH FOLLOWING COPY:
WE HELP MILITARY V	ETERA	NS GRO	W THEIR SMALL BUSINESS THROUGH A	ACCESS TO CAPITAL,
EDUCATIONAL RESO	URCES,	AND MI	ENTORSHIP. OUR GRANTS REQUIRE NO	PAYBACK AND
IMMEDIATELY ADDR	ESS CAS	SH FLOV	W MANAGEMENT.	

		
		
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	IANUARY 16 2023	
The date of each amendment(s) adoption	JANUARY 16, 2023	_, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department.	bes not meet the applicable statutory filing requirements, this date will not nent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

	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 FEBRUARY 24, 2023						
	Signature Signature of the board angitude on other officer if directors						
	(By the/chairman of 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)						
	KATHERINE KOSTREVA						
	(Typed or printed name of person signing)						
	PRESIDENT						
	(Title of person signing)						