N2200006882

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Strive Youth & Family Services, Inc.			
DOCUMENT NUMBER:	<u>_</u>	·	
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Shanita Hairston			
(Name of Contact I	Person)		
Strive Youth & Family Services, Inc.			
(Firm/ Compar	ny)	-	
6817 Southpoint Parkway - 1604			
(Address)	·····		
Jacksonville, Florida 32092			
(City/ State and Zip	Code)		
admin@monroelangston.com			BECKELL TAILLA
E-mail address: (to be used for future annual re	eport notification	n)	-8
For further information concerning this matter, please call:			PH 2: CO
Shanita Hairston	912 at	210-2811	2: CI
(Name of Contact Person)		(Daytime Telephone N	Number)
Enclosed is a check for the following amount made payable to the Florida \$35 Filing Fee	e & □\$52.5	State: 0 Filing Fee icate of Status	

(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

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation of

Strive Youth & Family Services, Inc (Name of Corporation as currently filed with the Florida Dept. of State) N22000006882 (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 amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NA name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. NA B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered 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: (Florida street address) New Registered Office Address: NA Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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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 John Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add		NA	
Remove			
2) Change Add			2023 ———————————————————————————————————
Remove 3) Remove 4 Add Remove			SECSHTALLY (
4) Change Add	.		
Remove			
5) Change Add			
Remove			
6) Change Add			
Кеточе			
E. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
Adding to Article III	· · ·		
-		· ·	

date this	te of each amendment(s) adoption: May 3, 2023 s document was signed. we date if applicable: May 3, 2022 (no more than 90 days after amendment file date)	, if other th	an the
	This is a charitable organization and will operate under the non- profit provisions of the State of F	CHETE	2023 MAY -8 PM 2: 00
	Upon the dissolution of the organization, assets shall be distributed for one or more exempt purpose within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in which principal office of the organization is then located, exclusively for such purposes or to such organizations, as said court shall determine, which are organized and operated exclusively for s	the zation	202
	Strive Youth and Family Services, Inc. is organized exclusively for charitable, religious, education and/or scientific purposes, including, for such purposes, the making of distributions to organization that qualify as exempt organization s under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.		
	The purpose of the organization shall be to engage in any lawful activity within the purposes for woon-profit corporations may be organized under the non-profit provisions of the State of Florida Statutes.	hich	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Dated	May 3, 2023
Signature	Shar to tour te
	(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)
	Shanita Hairston
	(Typed or printed name of person signing)
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☐ There

SECRETARY OF STATE
TALLAHAUSEEL FL

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