

Office Use Only



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE FOUNDATION FOR CONTINENTAL RECONNECTIONS	
DOCUMENT NUMBER: N22000 12093	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MERLIN LORNA JNBAPTISTE	
(Name of Contact Person)	
Please return all correspondence concerning this matter to the following: MERLIN LORNA JWBAPTISTE (Name of Contact Person) FOUNDATION FOR CONTINENTAL RECONNECTION (Firm/ Company)	Ļ
(Firm/ Company)	
6411 HARBOR RAND (Address)	
MARGATE, FL 33063 (City/ State and Zip Code)	
(City/ State and Zip Code)	
BAPT, STELORNA @ 6MA, L., COM E-mail address: (to be used for future annual report nonfication)	
For further information concerning this matter, please call:	
MERLIN LORIA JNBAPTISTE at 954-553-6535 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee S43 75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Street Address Amendment Section	
Amendment Section	

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

ame of Corporation as currently filed with the F		TAL RECONNECTION
N2200012093		
(Documen	n Number of Corporation (if k	nown)
rsuant to the provisions of section 617,1006. Floridatendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not Fo	er Profit Corporation adopts the following
If amending name, enter the new name of the c	orporation:	
		The new
me must be distinguishable and contain the word "company" or "Co." may not be used in the name	corporation" or "incorporated	l" or the abbreviation "Corp " or "Inc."
Enter new principal office address, if applicable rincipal office address MUST BE A STREET ADD	e: DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO).	<u>()X</u>)	PROECTL PH 3
If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida Loffice address:	, enter the name of the
Name of New Registered Agent:		
– New Registered Office Address:	(F	lorida street address)
wew Registered Once Address.		FI
-	(City)	, Florida (Zip Code)
	•	

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	<u>V</u> <u>Mike</u>	Doe e Jones v Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s		
1) Change Add	VP_	SAMUEL	WALTON			
Remove 2)ChangeAdd	VP	MONICA	VARNADO	3275 TALLAHASS	SUGAR B FE, FL 32	ERRY W 1303
Remove 3) Remove Add Remove			<u></u>		****	
4) Change Add						
Remove				<u></u>		
5) Change Add						
Remove						
6) Change Add						
Remove						
E. If amending or ac (attach additional s	Iding additional sheets, if necessar	Articles, enter change(s) h y). (Be specific)	ere.			
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The date of each amendment(s) adoption	,	•	, if other than the
date this document was signed.	' 		
Effective date <u>if applicable</u> :	no more than 90 days after amend	dment file date)	
Note: If the date inserted in this block doe document's effective date on the Department.	s not meet the applicable statutory		be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of	of votes east 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 12/14/2020
Signature TV.) U
(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)
MONICA VARNADO
(Typed or printed name of person signing)
VP
(Title of person signing)

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