N22000013889

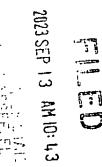
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(only-online z.p.) Home wy	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
Certified Copies Certificates of Status	
certificates of status	
Special Instructions to Filing Officer:	
. 7	İ
$\alpha \sqrt{2}$	ľ
9.13	

Office Use Only



800410565758

06/16/23--01017--009 **35.00



W.



August 1, 2023

ADEWALE J. ALONGE 17303 SW 80TH PLACE PALMETTO BAY, FL 33157

SUBJECT: IJESHA GLOBAL ALLIANCE FOR DEVELOPMENT INC.

Ref. Number: N22000013889

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

YOU MUST SUBMIT THE COMPLETE APPLICATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shaunteria Cobbs Regulatory Specialist II

•

SEP 1 3 2023

Letter Number: 023A00017310

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	IJESHA GLOBAL A I ON:	ALLIANCE FOR D	EVELOPN	IENT INC			
DOCUMENT NUMBER:	N22000013889						
The enclosed Articles of Ar	mendment and fee are sub	mitted for filing.					
Please return all correspond	dence concerning this matt	er to the following:					
ADEWALE J. ALONGE							
		(Name of Contact	Person)				
					-		7023 SEP 13 AM 10: 43
		(Firm/ Compa	ny)			<u></u>	- 0
17303 SW 80TH PLACE							[3]
		(Address)	. <u> </u>		- · · · · · · · · · · · · · · · · · · ·	150	-
PALMETTO BAY, FL 33	157						<u>+</u> 43
	-	(City/ State and Zi	p Code)				
ALONGEAJ@ADPED.OF	₹G						
	E-mail address: (to be used	l for future annual r	eport notifi	cation)			
For further information con	cerning this matter, please	call:					
ADEWALE J. ALONGE		i	786	556-5	283		
	(Name of Contact Person		(Area Co	ode) (Dayti	me Telephor	ne Numb	er)
Enclosed is a check for the	following amount made pa	ayable to the Florid	a Departme	nt of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	ris (552.50 Filing Certificate of Certified Cop Additional C Enclosed)	Status y		
	Mailing Address		treet Addı				
	ent Section of Corporations		kmendment	Section			
LAVISION	OF CORDOFAHORS		AVISION OF	OTDOTALIONS			

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

(Name of Corporation as currently filed with the F	lorida Dept. of State)		
N22000013889			
(Documer	nt Number of Corporation	(if known)	
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida N</i>	ot For Profit Corporation adopts the follow	/ing
A. If amending name, enter the new name of the c	orporation:		
NA		Thomas	
name must he distinguishable and contain the word " "Compuny" or "Co." may not he used in the name.	corporation" or "incorpo	The n rated" or the abbreviation "Corp." or "Inc	
B. Enter new principal office address, if applicable			
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)		
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	NA NA	2023	
(SET	
		<u> </u>	, प्राप्तुन स
D. If amending the registered agent and/or registe		orida, enter the name of the 100 150 150 150 150 150 150 150 150 150	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	· ;; ω	_
		(Florida street address)	
New Registered Office Address:			
N	IA	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re	gistered Agent:		
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		ccept 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	PT John Do V Mike Jo SV Sally Sr	nes enes	
Type of Action (Check One)	Title	<u>Name</u>	Address SEF
1) Change × Add	Р	ALONGE ADEWALE DR.	Address 17303 SW 80TH PLACE PALMETTO BAY FI933157 3332 JURA DRIVE
Remove 2) Change Add	<u>s</u>	DR. BABATUNDE OJO	3332 JURA DRIVE FAYETTEVILLE NC 28303
Remove 3) × Change Add Remove	<u>v</u>	OLOWOOKERE, OLU PROF.	703 ORCHARD LANE SUGAR L TX 77498
4) X Change Add	TR	BAKARE, LATEEF	10B SAMUEL EDOSA STREET MAGODO GRA
Remove 5) Change Add Remove			LAGOS, LA 10510-2 NG
6) Change Add			
F. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

	·		
		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
			202
			2023 SEP
			-
			- FT
			3 150
			
		11 2000	
The date of each amendment(s) adoption: date this document was signed.	June	11,2023	, if other than the
Effective date if applicable:			
(no n	nore than 90 days after o	imendment file date)	
<u>Note:</u> If the date inserted in this block does not document's effective date on the Department of	meet the applicable star 'State's records.	tutory filing requirements, this da	ate will not be listed as the

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)

Adoption of Amendment(s)

Dated

Signature

(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)

De. Ademade T. Alonge

(Typed or printed name of person signing)

2023 SEP 13 AM 10: 43