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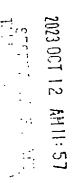
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| SEE ME FOUNTAINS: | JNDATION |
|--|--|
| N23000002383 | |
| DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee | are submitted for filing. |
| Please return all correspondence concerning th | is matter to the following: |
| CHARLES ETIENNE | |
| | (Name of Contact Person) |
| SEE ME FOUNDATION | |
| | (Firm/ Company) |
| 6773 RED REEF STREET | |
| | (Address) |
| LAKE WORTH, FLORIDA 33467 | |
| | (City/ State and Zip Code) |
| sacredheartson@gmail.com | |
| E-mail address: (to | be used for future annual report notification) |
| For further information concerning this matter | , please call: |
| Charles Etienne | 561 309-9649 |
| (Name of Contact | |
| Enclosed is a check for the following amount | made payable to the Florida Department of State: |
| ☐ \$35 Filing Fee ■\$43.75 Filing Certificate of | |
| Mailino Address | Street Address |

Mailing Address
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 Flori | | |
|--|-----------------------------------|--|
| N23000002383 | | |
| (Document Nu | imber of Corporation (if k | inown) |
| ursuant to the provisions of section 617,1006, Florida Stanendment(s) to its Articles of Incorporation: | atutes, this <i>Florida Not F</i> | or Profit Corporation adopts the following |
| . If amending name, enter the new name of the corpo | oration: | |
| | | The new |
| name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name. | oration" or "incorporate | d" or the abbreviation "Corp." or "Inc." |
| 3. Enter new principal office address, if applicable: | | |
| Principal office address <u>MUST BE A STREET ADDRE</u> | ESS) | |
| | <u> </u> | |
| | | |
| C. Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
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| | | <u> </u> |
|). If amending the registered agent and/or registered | office address in Florida | a, enter the name of the |
| new registered agent and/or the new registered off | ice address: | |
| Name of New Registered Agent: | | |
| | | |
| | | Florida street address) |
| New Registered Office Address: | | |
| | | , Florida |
| | (Citv) | (Zip Code) |
| New Registered Agent's Signature, if changing Registe | • • | |
| | | |

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 D V Mike Jo SV Sally S | ones | |
|--|--|--|--|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1)Change Add | <u>VP</u> | Socurette Castera | 18321 NE 21 PL NORTH MIAMI BEACH, FL 331 7 |
| × Remove | | | |
| 2) Change Add | <u>VP</u> | Marie A. Etienne | 6773 Red Reef Street Lake Worth, FL 33467 |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addi (attach additional she | ng additional Artests, if necessary). | ticles, enter change(s) here: (Be specific) | |
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| The date of each amendment | 10/06/2023 | | | if other than the |
| The date of each amendment | (s) adoption: | | + | , ir omer man un |
| date this document was signed | | | | |
| Effective data if annliandles | 10/06/2023 | | | |
| Effective date <u>if applicable</u> : | (no more than 90 a | days after amendment j | île date) | |
| | | | | |
| Note: If the date inserted in th | is block does not meet the app | olicable statutory filing | requirements, this date | will not be listed as the |
| document's effective date on the | he Department of State's recor | ds. | - | |

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)

| | bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors. |
|-----------|---|
| 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) |
| | CHARLES ETIENNE |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |