N23000003019

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Division of Corporations					
The Light	Academy of Florida.	Inc.			
N2300000301					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and	fee are submitted for f	iling.			
Please return all correspondence concernin	g this matter to the fo	llowing:			
Cassandre Davis					
	(Name of	Contact Person)		
The Light Academy of Florida					
	(Firm	/ Company)			
3120 SW 132nd avenue					
· <u> </u>	(2	(ddress)		. .	
Miramar, FL 33027					
	(City/ Stat	e and Zip Code)	····	
sandavis@lightacademyfl.com					
E-mail address:	(to be used for future	annual report n	otification	1)	
For further information concerning this ma	tter, please call:				
Cassandre Davis		954 at		559-1977	
(Name of Con	tact Person)			(Daytime Telephone N	umber)
Enclosed is a check for the following amou	int made payable to th	ie Florida Depai	tment of	State:	
\$35 Filing Fee S43.75 Filing Certificate	of Status Certifie	onal copy is	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		Street A Amendr	address nent Secti	on	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

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

The Light Academy of Florida, Inc.

(Name of Corporation as currently filed with the I	Florida Der	t, of State)			
N23000003019					
(Docume	nt Number o	of Corporation	ı (if known)		
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes,	this <i>Florida N</i>	'ot For Profit C	Corporation adopts t	he following
A. If amending name, enter the new name of the o	corporation	<u>ı:</u>			
The Light Community Foundation, Inc.					The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	"corporation	i" or "incorpe	orated" or the a	ubbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable	le: N	/A			
(Principal office address MUST BE A STREET AD			<u> </u>		
	_	-			
	_				<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	OX) N	5/A			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>					:3 H
	_				
D. If amending the registered agent and/or registe			orida, enter the	name of the	r.>
new registered agent and/or the new registered	d office add	ress:			
Name of New Registered Agent:	N/A				
	(Florida street address)				
New Registered Office Address:					
<u>-</u>	N/A			, Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.			eccept the obliga	ttions of the position	7 .
	Signi	ature of New F	Registered Agen	nt. 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	Address
1) Change Add		_		
Remove				
2) Change Add		_		
Remove Change Add Remove		_		
4) Change Add		-		
Remove				
5) Change Add		_		
Remove				
6) Change Add		_		
Remove				
E. If amending or addin (attach additional shee	ig additi its, if nec	o <mark>nal Arti</mark> essary).	icles, enter change(s) here: (Be specific)	
<u>N/A</u>				
		<u> </u>		<u> </u>
	 _			<u></u>

		
<u> </u>		
		
		
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The date of each amendment(s) adoption:date this document was signed.		_, if other than the
Effective date <u>if applicable</u> :		
(no more than	90 days after amendment file date)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	applicable statutory filing requirements, this date will not ecords.	be listed as the
Adoption of Amendment/c) (CUECE O		

Adoption of Amendment(s) (CHECK ONE)

NOT Selected

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

, correct uption (5)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

1	January 15, 2024
ted nature	Carrone .
	(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) Cassandre Davis
	(Typed or printed name of person signing)
	President
	(Title of person signing)