N23000003437

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TO: Amendment Section Division of Corporations

Florida Alliar NAME OF CORPORATION:	nce of Dual Enrollment Partn	nerships, Inc.			
N23000003437					
The enclosed Articles of Amendment and fee a	are submitted for filing.				_
Please return all correspondence concerning th	_				
Heather Kenney					
	(Name of Contact Pe	erson)	· ·		_
	(Firm/ Company	·)			_
11322 Landing Estates Dr.					
	(Address)	-			_
Jacksonville, FL 32257					
	(City/ State and Zip (Code)			_
GoFADEP@gmail.com					:
E-mail address: (to	be used for future annual rep	ort notificatio	n)	• •	_
For further information concerning this matter,	please call:				Ç:
Heather Kenney	at	904	563-6031		
(Name of Contact		(Area Code)	(Daytime Telepho	one Number)	- 14
Enclosed is a check for the following amount r	nade payable to the Florida I	Department of	State:	. =	() (<u>_</u>
■ \$35 Filing Fee □\$43.75 Filing F Certificate of \$	-	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)		
Mailing Address Amendment Section		reet Address nendment Sect	ion		
Division of Competions		delan of Com			

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

Florida Alliance of Dual Enrollment Partnerships, Inc.

(Name of Corporation as currently filed with the N23000003437	•	 ·		
(Docum	nent Number of Cor	poration (if known)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Fl</i>	orida Not For Profit	Corporation adopts the	: following
A. If amending name, enter the new name of the	corporation:			
N/A				The new
name must be distinguishable and contain the wora "Company" or "Co." may not be used in the name		incorporated" or the	e abbreviation "Corp."	
B. Enter new principal office address, if applica	N/A			
(Principal office address MUST BE A STREET A				
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)			·.
				<u></u>
				 .
D. If amending the registered agent and/or regis	stered office addres	s in Florida, enter t	he name of the	=
new registered agent and/or the new register	ed office address:			
Name of New Registered Agent:	N/A			'
		(Florida stre	et address)	
<u>New Registered Office Address:</u>				
	N/A		Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		h and accept the obli	gations of the position	
	·· · · · · · · · · · · · · · · · · · ·		games of the freehold	
_				
	Signature o	f New Registered Ag	ent, 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	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) <u>×</u> Change Add	<u>P</u>	Keisha Epps	7675 Pinnacle Dr Jascksonville, FL 32221
Remove			
2) × Change Add	VP	Rebecca Jones	10501 FGCU Blvd S Fort Myers, FL 33965
X Remove	<u>VP</u>	Keisha Hampton	
4) Change Add	<u>T</u>	Roland Nunez	1928 County Road 25A : Leesburg, FL 34748
Remove			
5) Change Add			<u>=</u>
Remove			
6) Change Add			
Remove			
E. If amending or addi (attach additional she		icles, enter change(s) here: (Be specific)	
Article IX			
Dissolution Clause:			
Upon the dissolution of	the organization, a	ssets shall be distributed for one or more exe	mpt purposes
within the meaning of So	ection 501(c)(3) of	the Internal Revenue Code, or corresponding	g section of anv

for a public purpose.		
		
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		Se calco calco calco
tine date of each amendment(s) adopti date this document was signed.	on;	, if other than the
Effective date <u>if applicable</u> : 9/22/2023	3	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do	oes not meet the applicable statutory filing requirements, nent of State's records.	this date 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.

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 9/25/23
Signature Weither Krainey
(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)
Handhar Kanney (Typed or printed name of person signing)
Secretary, FADEP
Secretary, FADEP (Title of person signing)