## N23000003540

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	. <u>-</u> .
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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09/05/23--01017--000 \*\*35.00

S. ROBERTS

JUL 2 6 2023

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	ABOUT	MAGES	FUNDATION	INC
DOCUMENT NUMBER: N	1230000	0 3540		
The enclosed Articles of Amendment	and fee are sub-	mitted for filing.		
Please return all correspondence conc	erning this matt	er to the following	:: ::	
	Yady	(Name of Conne	/	
	<del>- 0 - )</del>	(Name of Contac	Person)	-
=		1/1/	Z	
		(Firm/ Comp	pany)	
20242 NE 34	Th CT	Avento	<u>(a</u>	
		(Address		
		Aventora	/FL 33180	
		(City/ State and Z	(ip Code)	
OD00	timages	foundation	on @ g mail.com	η
For further information concerning th			,	
Gadu	Alroy		at 305 318 8 (Area Code) (Dayti	3306
(Name of	Contact Person	1)	(Area Code) (Dayti	me Telephone Number)
Enclosed is a check for the following	amount made p	ayable to the Flori	da Department of State:	
⊠ \$35 Filing Fee □\$43.75 Certif	5 Filing Fee & Teate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)	Certificate of	Status y
Mailing Address Amendment Section Division of Corpora P.O. Box 6327	itions		Street Address Amendment Section Division of Corporations The Centre of Tallahas	see
Tallahassee, FL 323	114		2415 N. Monroe Street	. Suite 810

## Articles of Amendment to Articles of Incorporation of

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ABOUT IMAGES FUN	NOITACL	INC	
(Name of Corporation as currently filed with the Florid	da Dept. of State	<u>e</u> )	
N 23000	003540		
(Document Nu	imber of Corpora	ition (if known)	
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	ntutes, this <i>Floria</i>	la Not For Profit Corporatio	on adopts the following
A. If amending name, enter the new name of the corpo	oration:		
ABOUT IMAGES_	FOUNDA	ATION INC	The new
ABOUT IMAGES  name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "inc	orporated" or the abbreviati	on "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u> )		
		<del></del>	
C. Enter new mailing address, if applicable:	N/A		2023.
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	14/15		<del></del>
			-N
D. If amending the registered agent and/or registered of	office address in	n Florida, enter the name of	f the
new registered agent and/or the new registered office			f the
Name of New Registered Agent: N/A			<b>3</b> 1
		(Florida street address)	
<u>New Registered Office Address</u> :			
<u>N/A</u>	(City)	Flo	
	(C IIÌ)	(2	Zip Code)
New Registered Agent's Signature, if changing Registe Thereby accept the appointment as registered agent. Tan		nd accept the obligations of t	he position.
NX			
	Signature of No	ew Registered Agent, if chan	ging

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Tüle</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ig addition	onal Articles, enter change(s) here: "ssary). (Be specific)	
		<del></del>	

The date of each amendment(s) adoption:
Effective date if applicable:
Effective date <u>if applicable</u> :
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted as the document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated 05	127/2023	
Signature		president or other officer-if directors
have not bee		n the hands of a receiver, trustee, or
	Gady Al	гоу
<del></del>	(Typed or printed nar	me of person signing)
	<b>a</b> i	
	President	

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

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