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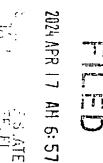
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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AD

COVER LETTER

TO: Amendment Section
Division of Corporations

. ;

| NAME OF CORPORATION: Committed | Citizens of 1 | Dunder | Florida IVC |
|---|------------------------------|--------------|---------------------------------|
| DOCUMENT NUMBER: <u>N23000</u> 070 |)89 | | |
| DOCUMENT NUMBER: 1775-500 | | | |
| The enclosed Articles of Amendment and fee are sub- | mitted for filing. | | |
| Please return all correspondence concerning this matter | er to the following: | | |
| Drecextel Robinson | | | |
| | (Name of Contact Person |) | |
| Committed Citizens of Dure | loo Florida Iva | | |
| | (Firm/ Company) | | |
| 615 DR ML King ST SV | V | | |
| | (Address) | | |
| | | | |
| Dundee, FL 33836 | | | |
| - 0.00 (20, 7-2 33 43 () | (City/ State and Zip Code | :) | |
| | • | | |
| toolo 0272 Page 1. com | | | |
| Kando 0272 @ gmail. Com E-mail address: (to be used | l for future annual report r | notification | n) |
| For further information concerning this matter, please | | | |
| For further information concerning this matter, prease | , can. | | |
| 0 1 0 1 | 6 | (2) / / 2 | 01110 |
| Orecexte Robinson (Name of Contact Person | at 686 | es Code) | (Daytime Telephone Number) |
| (Name of Contact Ferson | (A) | ca code) | (Daytime reseptione Number) |
| Enclosed is a check for the following amount made pa | ayable to the Florida Depa | urtment of | State: |
| | # n n n n n | □es> 50 | a mir. |
| ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status | Certified Copy | |) Filing Fec icate of Status |
| Cerunicale of Status | (Additional copy is | | ied Copy |
| | enclosed) | (Addit | tional Copy is |
| | | Enclo | esed) |
| Mailing Address | Street | Address | |
| Amendment Section | | ment Secti | ion |
| Division of Corporations | | n of Corpo | |
| P.O. Box 6327 | The Co | entre of T | allahassee |
| Tallahassee, FL 32314 | 2415 N | I. Monroe | e Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| U1 | France . |
|---------------------------------|--|
| Florida Tuc | <u> FILED</u> |
| orida Dept. of State) | tus |
| | 2024 APR 17 AM 6: 51 |
| C. C. Land | |
| Number of Corporation (if kno | wn) |
| Statutes, this Florida Not For | Profit Corporation adopts the following |
| rporation: | |
| | The new |
| ornoration" or "incorporated" | or the abbreviation "Corp." or "Inc." |
| provided to theorpe, area | |
| - | |
| NA | |
| <u>RESS</u>) | |
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| 4.4 | |
| $X \rightarrow N/N$ | |
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| | |
| ed office address in Florida, | enter the name of the |
| office address: | |
| 1111 | |
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| | |
| (Flo | rida street address) |
| | |
| | , Florida |
| (City) | (Zip Code) |
| () | , , |
| istered Agent: | |
| I am familiar with and accept t | he obligations of the position. |
| | |
| V (A | |
| Signature of New Registe | red Agent, if changing |
| | Number of Corporation (if kno Statutes, this Florida Not For Imporation: Proporation: Proporation: |

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 = ChiefExecutive 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 | | Doc Jones Smith | |
|-----------------------------------|---------------|---|---|
| X Add Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change Add | Tres | Annette Wilson | 615 On ML King S+ SW Durden FK 33838 |
| Remove 2) Change Add | Sec | Annie Cannon | 615 Dr. M.K.w Sr 5W Andr, Fl. 33838 |
| Remove 3) X Change Add Remove | <u> 5</u> e4_ | Latishia K. Raggs | 312 Lincoln Ave. Dunder, FL 33835 |
| 4) <u>X</u> Change Add | TR | TYRONF HENDESON | 615 Dr. MLK.W. St SW ander FL 33838 |
| Remove 5) X Change Add | <u>V</u> | Mervin L Raggs | 312 Lincoln Acc Ounter, FL 33838 |
| Remove 6) Change Add | T | Lakeshia Collins | 612 Do ML King S+SW Ander F1 33838 |
| E. If amending or ad | | Articles, enter change(s) here: v). (Be specific) | |
| Addition Ary | reles VII | lland VIIII X | |
| VIIII - L | egal Aurpo | <u>~</u> | |
| It is the o | lizett istens | t of said organization to | ensure the dinect |
| quality of L | ite of elo | lery, youth, and Challenger | citizens of Florida, |
| 15 litted by | plograms | educe tim , and diport assiste | we finially . Committed |

| Organization to Service the programs, education and financial needs |
|--|
| Organization to Service The programs, end with dust thinks Thanks Thanks |
| of committee formed within to provide real assistance to clarte change in |
| the form of Charitable, educational, pardleligious purposes under sertion 501(c)(3) |
| (Addition Arricle X) |
| Dissolution Clause |
| |
| Upon the dissolution of this corporation, assets chall be |
| distributed for one or more exempt purposes within the meaning |
| of Sertion 501(c)(3) of the Internal Revenue Code, or collesponding |
| Artion of any future rederal tax code, of shall be distributed to the |
| federal government, of to a state of local government, for a public |
| furpose. |
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| The date of each amendment(s) adoption: |
| Effective date if applicable: |
| Effective date if applicable: (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (CHECK ONE) |

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 <u>04-05- 2024</u> |
| 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, trustec, or other court appointed fiduciary by that fiduciary) |
| Orecented Robinson (Typed or printed name of person signing) |
| President, Incorporation (Title of person signing) |