## N24000000463

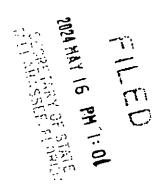
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A. RAMSEY JUN 24 2024

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Black Pearls Consultants Inc. NAME OF CORPORATION:
N24000000463 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alice Heard-Huntley
(Name of Contact Person)
Black Pearls Consultants Inc.
(Firm/ Company)
25 E Beaver Street
(Address)
Jacksonville, Florida 32202
(City/ State and Zip Code)
adheard@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alice Heard-Huntley 904 891-0870
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & Certificate of Status  Certified Copy (Additional Copy is Enclosed)

Mailing Address

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

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

FILED

2024 MAY 16 PM 1: 01

Black Pearls Consultants Inc.

Name of Corporation as currently filed with the Florida D	ept, of State)	SECRETARY OF STATE
N24000000463		1 - ARASSET - Established
(Document Number	er of Corporation (i	(known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	on:	
N/A		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorpora	ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
D. If any of the state of the s	ddussa is Elssi	do anton the name of the
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		ja, enter the name of the
Name of New Registered Agent: N/A		
The system to the state of the		
<del></del>		(Florida street address)
New Registered Office Address:		
<del></del>	·-	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: niliar with and acce	ept the obligations of the position.
	gnature of New Reg	istered 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 Do V Mike Jo SV Sally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>T</u>	Carolyn Shelton	Amandas Crossing East Jacksonville, Florida 32244
2) Change Add	<u>S</u>	Brittany Bledsoe	6656 Georiga Jack Dr. Jacksonville, Florida 32244
Remove 3 )	<u>T</u>	Paulette Clark	1495 Shadow Creek Dr Orange Park, Florida 32065
4) Change Add	<u>\$</u>	Alice Heard-Huntley	1495 Shadow Creek Dr. Orange Park, Florida 32065
<ul> <li>X Remove</li> <li>5) Change</li> <li>X Add</li> <li>Remove</li> </ul>	TR	Jo Bryan	5407 Spring Brook Rd. Jacksonville, Florida 32277
6) Change Add			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption: date this document was signed.				_, if other than the
Effective date if applicable:		r amendment file date)		
<u>Note:</u> If the date inserted in this block does n document's effective date on the Department	ot meet the applicable s of State's records.	tatutory filing requireme	ents, this date will not	be listed as the

(CHECK ONE)

 $\blacksquare$  The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

Dated	5/9/2024
Signatur	alien Hund- Hundy
	(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)
	Alice Heard-Huntley
	Affice neard-numey
	(Typed or printed name of person signing)