

N24000002626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

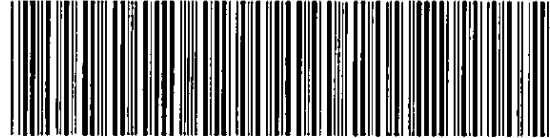
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200434826502

08/15/24--01012--025 **25.00

Amend

08/12/24--01014--021 **10.00

FILED
2024 SEP -9 AM 8:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

SEP 12 2024

*00789, 06342, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2024

JUSTIN HARTY
OUR NATIONS PROMISE KEPT CORP
14 CHRISTOPHER MILL RD
MEDFORD, NJ 08055

SUBJECT: OUR NATIONS PROMISE KEPT CORP
Ref. Number: N24000002626



We have received your document for OUR NATIONS PROMISE KEPT CORP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 924A00018911

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OUR NATIONS PROMISE KEPT CORP

DOCUMENT NUMBER: N24600002626

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUSTIN HARTY

(Name of Contact Person)

OUR NATIONS PROMISE KEPT CORP

(Firm/ Company)

14 CHRISTOPHER MILL RD

(Address)

MEDFORD, NJ, 08055

(City/ State and Zip Code)

JRHARTY34@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTIN HARTY

(Name of Contact Person)

at 609-209-1140

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 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

OUR NATIONS Promise Kept Corp ^{2024 SEP 9 AM 8:57}
(Name of Corporation as currently filed with the Florida Dept. of State)

N24000002626

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14 CHRISTOPHER MILL RD.
MEDFORD, NJ, 08055

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14 CHRISTOPHER MILL RD.
MEDFORD, NJ, 08055

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	NASON, SETH	59-390 WILINAURD. HALEIWA, HI, 96712
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	TR	FOSTER, BRIAN	6957 PEPPER TREE DR. NIWOT, CO, 80501
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	CASTAGNO, ALEX	1415 E. DAVIS AVE. COEUR D'ALENE, ID, 83815
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)


The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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.

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) _____

- ☒ 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 20240905

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, trustee, or other court appointed fiduciary by that fiduciary)

JUSTIN HARTY
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)