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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ng Educational Equal			
DOCUMENT NUMBER:		_		
The enclosed Articles of Amendment and fee are submi	tted for filing.			
Please return all correspondence concerning this matter	to the following:			
Michael Mederos				
	Name of Contact Person	on)		
N/A				
	(Firm/ Company)	<u> </u>	<u>-</u>	
861 San Pedro Ave				
	(Address)	 .		
Coral Gables, FL 33156				2024 SECT
()	City/ State and Zip Co	de)	<u></u>	LE S
michaelmederos2007@gmail.com				芸芸二
E-mail address: (to be used f	or future annual repor	t notification)	지역 로
For further information concerning this matter, please c	all:			PH 4: 57
Michael Mederos	at	05	305-417-1157	
(Name of Contact Person)		Area Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the following amount made pay	able to the Florida De	partment of !	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amer Divis The	t Address adment Section of Corpo Centre of To N. Monroe	rations	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Foundation For Reaching Educational Equality				
Name of Corporation as currently filed with the	Florida D	ept. of State)		
N24000005202				
(Docum	ent Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	s, this Florida Not For Profit Corpo	oration adopts th	e following
A. If amending name, enter the new name of the	corporati	on:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" or the abbre	eviation "Corp."	
B. Enter new principal office address, if applica	hle:	N/A		
(Principal office address MUST BE A STREET A				
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	N/A		
			<u>-</u>	_
				2
D. If amending the registered agent and/or registered agent and/or the new registered			me of the	124 JUH
N. CN. D. L. L. L.	N/A		2.5	<u> </u>
Name of New Registered Agent:				-P
		(Florida street addre	(f)	<u> </u>
New Registered Office Address:		er norma meer ande		PH 4:57
	N/A		, Florida N/A	121 -1
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			ns of the position	-
-	Si	gnature of New Registered Agent, if		
	34	gnatare of then Regimerea Agent, y	www.sms	

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: XChange 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>FCh</u>	Michael Mederos	861 SAN PEDRO AVENUE CORAL GABLES, FL 33156
× Remove			
2) Change Add	<u>P</u>	Sindhu Talluri	9681 SW 60 COURT PINECREST, FL 33156
X	сто	Ethan Thomas	2627 SOUTH BAYSHORE DRIVE MIAMI, FL 33133
4) Change Add	PVS	Juan Carlos Mederos	861 SAN PEDRO AVE CORAL GABLES, RE33 F38
Remove 5) Change Add			JUNE 12 P
Remove 6) Change Add			新年 子 代 での ま 一 一 一 円 フ
E. If amending or additional she		icles, enter change(s) here: (Be specific)	
N/A			
Add Remove F. If amending or additional she			

	
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	<u> </u>
	1-171 <u>C</u>
	SS P
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The date of each amendment(s) adoption: N/A	if other than the
ate this document was signed.	, is other than the
N/A	
ffective 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, the ocument's effective date on the Department of State's records.	4
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the am was/were sufficient for approval.	endment(s)

Dated	6/4/2024
Signatu	re VIII e
· ·	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)
	Michael Mederos
	(Typed or printed name of person signing)

(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

SECRETARY OF STATE