N24000006437

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





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SECRETARY DE STATE



COVER LETTER

TO: Amendment Section Division of Corporations

.

Tallahassee, FL 32314

| NAME OF CORPORATION:THE SIERRA | A MAE FOUNDATI | ON INC | Ö |
|--|--|--|---|
| DOCUMENT NUMBER: N2400006437 | | - <u>-</u> | |
| The enclosed Articles of Amendment and fee are su | bmitted for filing. | | |
| Please return all correspondence concerning this ma | tter to the following: | | |
| | Sonia Becerra | <u></u> | |
| | (Name of Contact Perso | n) | |
| | Swyft Filings | | |
| | (Firm/ Company) | | |
| | | | |
| | 3 Greenway Plaza #1320 (Address) | | |
| | (/Iddiess) | | |
| | Hauston, TX 77046 | | |
| | (City/ State and Zip Cod | le) | |
| me | adison@accountison.c | · · · · · · · · · · · · · · · · · · · | |
| | ed for future annual report | | n) |
| For further information concerning this matter, pleas | se call: | | |
| Sonia Becerra | at | | 877-777-0450 |
| (Name of Contact Perso | in) (Ai | rea Code) | 877-777-0450 (Daytime Telephone Number) |
| Enclosed is a check for the following amount made | payable to the Florida Dep. | artment of | State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certif Certif | D Filing Fee feature feet feet of Status feet Copy feet feet feet feet feet feet feet fee |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Ameno Divisio | Address Iment Section of Corporeries Tentre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to

Articles of Incorporation of FILED
ERRA MAE FOUNDATION INC. 2024 AUG. 10

| THE SIEF | RRA MAE FOUNDATION INC. | 2024 AUC 10 |
|---|---|------------------------------------|
| (Name of Corporation as currently filed with the Flo | rida Dept. of State) | |
| | N24000006437 | TALL ANY DE CTI- |
| (Document | Number of Corporation (if known) | SECRETARY OF STATE TALLAHASSEE. FL |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this <i>Florida Not For Profit Co</i> | |
| A. If amending name, enter the new name of the cor | poration: | |
| | | The new |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | | breviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD) | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | Ö | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered o | | name of the |
| Name of New Registered Agent: | | |
| <u>New Registered Office Address:</u> | (Florida street a | Adress) |
| | | , Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I | | ions of the position. |
| x | Signature of New Registered Agent, | . if changing |

It 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 | <u>PT</u> <u>V</u> <u>SV</u> | John De Mike Jo Sally Si | ones | |
|--|--|--------------------------------|---|-----------------|
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s |
| 1) Change Add | | - | | |
| Remove | | | | |
| 2) Change Add | | _ | | |
| Remove 3) Change Add Remove | | - | | |
| 4) Change Add | | _ | | |
| Remove | | | | |
| 5) Change Add | | _ | | |
| Remove | | | | |
| 6) Change Add | | - | | |
| Remove | | | | |
| E. If amending or addin (attach additional shee | n <mark>e additio</mark> ets, if nece | onal Arti essary). | icles, enter change(s) here: (Be specific) | |
| | | | | |
| | | | | |
| - | | | | |
| | | | | |

Article III The specific purpose for which this corporation is Organized is:

For charitable, educational, religious or other purposes as restricted by IRS Code Sect. 501(c)(3). On dissolution, the Board shall distribute assets to one or more charitable purposes to entities exempt under Sect 501(c)(3). Our Nonprofit funds hair salon education, offering comprehensive training to aspiring stylists. We empower individuals from diverse backgrounds, fostering economic independence and professional growth in their communities.

| The date of each amendment(s) adoption: | 7/9/2024 | , if other than the |
|---|---|---------------------|
| date this document was signed. | : | |
| Effective date <u>if applicable</u> : | | |
| (no more | than 90 days after amendment file date) | |

<u>Note:</u> 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.

| Ц | 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 | 07/23/24 | | | | |
| | Signatur | C | | | | |
| | (By the chairman or vice chairman of the board, president or other officer-if directed have not been selected, by an incorporator – if in the hands of a receiver, trustee, cother court appointed fiduciary by that fiduciary) | | | | | |
| | | Paul ganieany | | | | |
| | | (Typed or printed name of person signing) | | | | |
| | | | | | | |
| | | | | | | |
| | | (Title of person signing) | | | | |