M2400007157

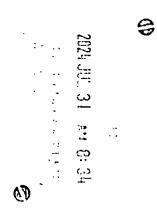
(Requestor's Name)			
(Nequestor's Harriey			
(Address)			
(0) (0) (7) (0)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
j			

Office Use Only



600433436506

07/31/24--01034--002 ++35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	a Community Network Inc
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Jacqueline Kaikai Nelson .	
	(Name of Contact Person)
African Diaspora Community Network Inc	
	(Firm/ Company)
5501 Wesconnett Blvd Suite 382043.	
	(Address)
Jacksonville Florida 32238	
	(City/ State and Zip Code)
adenine@gmail.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
Jacqueline Kaikai Nelson	904 474 2322 atat
(Name of Contact Pe	rson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat	
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

45

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the	Riorida Dept. of State)	mindring naw	11 71 C	e
na				
(Docum	ent Number of Corporati	on (if known)		_
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida</i>	Not For Profit Corporation ade	opts the followi	ng
A. If amending name, enter the new name of the	corporation:			
na			The ne	u
name must be distinguishable and contain the word	•	porated" or the abbreviation "C		
<u>"Company" or "Co." may not be used in the name</u>	\mathbf{a}		• •	
B. Enter new principal office address, if applica	ble: na h	ysim Hadress 6	864 Ur	- li nator
(Principal office address <u>MUST BE A STREET A</u>		1/11.15	7211	٦. ن
		uckson VIIICAL	56611	_
	na 🔾	(The Confat)	African (Market
			<i>y</i>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	gavo na 5	501 Wesconety	Blud	
(Studing address SIAT BE A FOST OFFICE I		7 62- 2		_
		<u>unte 582043</u>		
	, \	AX FL 32238		e
			202	_ •
D. If amending the registered agent and/or regis		<u>lorida, enter the name of the</u>	024 JUL	
new registered agent and/or the new register	ed office address:	` .		••
Name of New Registered Agent:	na		<u> </u>	_
	na		> .	
	 	(Florida street address)	çio	<u>—</u>
<u>New Registered Office Address:</u>			<u>.</u> <u></u>	
	na	, Floada	` +	
	(City)	(Zip Co	ide)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		accept the obligations of the no	sition.	
the englaces in approximent as experted agen	. Conjunition our tale	accept the wingation of the por		
_	Ci t TV	Registered Agent, if changing		_

Alexander of the second of the

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:

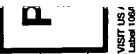
P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
l) Change Add	<u>s</u>	NELSON	N, JACQUELINE	5501 Wesconnett Blvd Suite 382043,	_
× Remove				Jacksonville, FL 32238	_
2) X Change Add	P	KAIKAI	, JACQUELINE N	5501 Wesconnett Blvd 382043, Jacksonville, Fl 32238	_
Remove 3) Change	P	<u>Nelson K</u>	Caikai Jacqueline	5501 Wesconnett Blvd Suite 382043 Jacksonville, Florida 32238	- - -
4) Change Add		-			_
Remove					_
5) Change Add		<u> </u>		·	_ _
Remove					_
6) Change Add					
Remove					-
E. <u>If amending or adding</u> (attach additional shee					
Remove Secretary: NELS	SON, JAC	QUELINE: 5501	WESCONNETT BLVD, JACK	SONVILLE, FL 32238	L
				D, JACKSONVILLE, FL 32238	٨٠٠٠٠٠٠٠
					0
	.,				_
					_



Thysical Address, 0804 ARCACHTO	N EXPRESSWAYJACKSONVILLE, FL 32211	
MailingAddress::5501=WESCONNE	FF-BLVD;Suite-382043-JACKSONVII:LE; FL-32238	
	· · · · · · · · · · · · · · · · · · ·	
		<u></u>
		
		···
		
The date of each amendment(s) addate this document was signed.	ption:	, if other than th
Effective date if applicable: July 2	2 2024	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amend	dment(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. July 22 2024

Dated

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)

Jacqueline Kaikai Nelson (Typed or printed name of person signing) President

(Title of person signing)