N2400007829

| (Requestor's Name) |
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| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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COVER LETTER

TO: Amendment Section Division of Corporations

| LEADERSHIP EX NAME OF CORPORATION: | PERIENCE INITIAT | IVE INC. | |
|---|---|---------------------|--|
| N24000007829 | | | |
| DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee are sub | omitted for filing. | | |
| Please return all correspondence concerning this mat | ter to the following: | | |
| JOHN S. MEAD, ESQUIRE | | | |
| | (Name of Contact P | erson) | |
| MEAD LAW & TITLE, PLLC | | | |
| | (Firm/ Compan | y) | |
| 24 WALTER MARTIN RD. NE, SUITE 201 | | | |
| | (Address) | | |
| FORT WALTON BEACH, FL. 32548 | | | |
| | (City/ State and Zip | Code) | |
| | | | |
| E-mail address; (to be use | d for future annual re | port notificatio | n) |
| For further information concerning this matter, please | e call: | | |
| JOHN S. MEAD | at | 850 | 243-3134 |
| (Name of Contact Person | | | (Daytime Telephone Number) |
| Enclosed is a check for the following amount made p | ayable to the Florida | Department of | State: |
| ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status | □S43.75 Filing Fee Certified Copy (Additional copy i enclosed) | Certif is Certif | 0 Filing Fee icate of Status ied Copy tional Copy is used) |
| Mailing Address | | reet Address | |
| Amendment Section | | nendment Sect | |
| Livisian At Camarations | 1 1+ | CICLOR OF LAND | 35311(31) |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LEADERSHIP EXPERIENCE INITIATIVE INC.

| LEADERSHIP EXPERIENCE INTTATIVE INC. | | | |
|--|------------------------------------|---------------------------------------|--------------------|
| (Name of Corporation as currently filed with the Fi | orida Dept. of State) | 2024 SEP 21 | CERT: 01 |
| N24000007829 | | 200.021.2 | |
| (Document | Number of Corporation (if known | n) Shurit TALLATI | 3 7.41 3.5 1.51 |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this Florida Not For Pro | ofit Corporation adopts the following | |
| A. If amending name, enter the new name of the co | rporation: | | |
| | | The new | |
| name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name. | orporation" or "incorporated" or | the abbreviation "Corp." or "Inc." | |
| B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u> | | | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. | <u></u> | | |
| | | | |
| | | | |
| D. If amending the registered agent and/or register new registered agent and/or the new registered of | | er the <u>name of the</u> | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address; | (Florida | street address) | |
| | | Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | | obligations of the position. | |
| | Constant of Vision Burns of | Annual Calemanian | |
| | Signature of New Registered | agent, ij 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 | <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 |
| 1) Change Add | Т | LAUGHLIN, BRIAN | 876 EMERALD BAY DR DESTIN, FL 32541 |
| x Remove | | | |
| 2) × Change Add | DT | BOBO-MILES, PATRICE | 238 WATSON DR NW FT WALTON BEACH, FL 32548 |
| Remove 3) Change Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| | | onal Articles, enter change(s) here: cssary). (Be specific) | |
| ARTICLE III - PURPOS | E: The p | ourpose for which the corporation is organized is: | |
| The Leadership Experier | nce Initiat | ive Inc. provides funding for students and educator | s seeking leadership-based and |
| experiential programmin | g. The or | rganization facilitates the relationship between phil | anthropy and opportunity, centering |
| around its mission: nurti | uring lead | dership through experience. This organization is fo | r charitable purposes only. Upon |
| dissolution of this organi | ization th | to remaining assets will be used evelocitely for eve | mat numacae, cuch ac charitable |

| religious, educational, and/or scientific purposes. | |
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| The date of each amendment(s) adoption: July 19, 2024 date this document was signed. | , if other than the |
| Effective date if applicable: | |
| Effective date if applicable: (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 da document's effective date on the Department of State's records. | te will not be listed as the |
| 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.

| Dated | 8/24/24 |
|-----------|---|
| 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) |
| | Taylor Hood |
| | (Typed or printed name of person signing) |

(Title of person signing)



September 12, 2024

JOHN S. MEAD, ESQUIRE 25 WALTER MARTIN RD. NE. SUITE 201 FORT WALTON, FL 32548

SUBJECT: LEADERSHIP EXPERIENCE INITIATIVE INC.

Ref. Number: N24000007829



We have received your document for LEADERSHIP EXPERIENCE INITIATIVE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please choose only one document.

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.

Letter Number: 024A00020411

Anissa Butler Regulatory Specialist II

