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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

CHANGE YOUR F NAME OF CORPORATION:	UTURE - JUST SAY NO, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
DANIEL DIAZ DE LA ROCHA	
	(Name of Contact Person)
DANIEL DIAZ DE LA ROCHA, P.A.	
	(Firm/ Company)
290 NW 165 ST., M100	
	(Address)
MIAMI, FL 33169	
	(City/ State and Zip Code)
DANDELAROCHA@AOL.COM	
E-mail address: (to be use	for future annual report notification)
For further information concerning this matter, please	call:
DANIEL DIAZ DE LA ROCHA	305 949-9155
(Name of Contact Persor	
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 & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

CHANGE YOUR FUTURE - JUST SAY NO, INC. (Name of Corporation as currently filed with the Florida Dept. of State) 2024 AUG 26 PM 4: 13 N24000008847 (Document Number of Corporation (if known) SECKETAR / OF STATE
Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopted to the Wigself, FL amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: (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, i 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	$\frac{\underline{PT}}{\underline{V}}$ $\underline{\underline{SV}}$	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addręs</u> s
Change Add	VP	JESSICA PAOLA GAVIRIA	751 SWAN AVE MIAMI SPRINGS, FL 33166
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: ssary). (Be specific)	
		<u>,</u>	
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<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.

ere are no members or members entitled to vote on the amendment(s). The amendment(s) was/were opted by the board of directors.
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)
AMADOR DIAZ
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)