N97000004488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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C. LEWIS
AUG 11 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MY BROTHER'S KEEPER

DOCUMENT NUMBER: N97000004488

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONNIE CLARK
Name of Contact Person

MY BROTHERS KEEPER CENTER
Firm/ Company

734 ORANGE AVE
Address

FORT PIERCE/FL 34950
City/ State and Zip Code

MYBROTHERSK@YMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNIE CLARK at (561) 662-7235
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ $35 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Amendment
to
Articles of Incorporation
of

My Brother's Keeper Center, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N97000004488

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new 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)

734 ORANGE AVE
FORT PIERCE
FL 34950

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: DONNIE CLARK

912 N 21ST STREET
(Florida street address)

New Registered Office Address:

FORT PIERCE, Florida 34950
(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, 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☑ Change ☐ Add ☐ Remove	CEO	DIEULA LOUIS	5443 NW WISK FERN CIR PORT ST LUCIE FL 34986
2) ☐ Change ☑ Add ☐ Remove	S	VIVIAN MIMS	912 N 21ST STREET FORT PIERCE FL 34950
3) ☐ Change ☑ Add ☐ Remove	T	DONNIE CLARK	912 N 21ST STREET FORT PIERCE FL 34950
4) ☐ Change ☐ Add ☐ Remove			
5) ☐ Change ☐ Add ☐ Remove			
6) ☐ Change ☐ Add ☐ Remove			

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.

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Example:

X Change	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change ___ Add ✓ Remove	CEO	MARGLIEN SAINTUS	391 CARDINAL M AVE APT 6 CMBRIDGE , MA 02141
2) ___ Change ___ Add ✓ Remove	D	MAURIL OSMI	1102 YORK AVE FORT PIERCE FL 34982
3) ___ Change ___ Add ✓ Remove	VP	ARMSTRONG BELIZAIRE	15049 SW 46 CIR OCALA FL 34473
4) ___ Change ___ Add ✓ Remove	D	MELLON BERACAH	312 12TH STREET FORT PIERCE FL 34950
5) ___ Change ___ Add ✓ Remove	D	MERILOR MERILAN	845 BENT CREEK DR FORT PIERCE FL 34947
6) ___ Change ___ Add ✓ Remove	S	GRANDIN JOSEPHINE	1816 FIRWOOD COURT ORLANDO FL 32818

E. **<u>If amending or adding additional Articles, enter change(s) here</u>**:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: ______________________, if other than the date this document was signed.

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DIVISION OF CORPORATIONS

Effective date if applicable: ______________________
(no more than 90 days after amendment file date)

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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.

☐ 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 07/23/2014

Signature Dieula Louis

(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)

Dieula Louis
(Typed or printed name of person signing)

CEO
(Title of person signing)