148000006025

(Requestor's Name)
(,	Address)
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- (1	City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

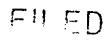
NAME OF CORPORATION:	es Early Intervention ar	nd Enhancement P	rogram, Inc.
N98000006025 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing		
Please return all correspondence concerning th	is matter to the follow	ng:	
Lorraine James			
	(Name of Cont	act Person)	
	(Firm/ Co	npany)	
PO Box 6424			
	(Addre	ess)	
Tallahassee, FL 32314			
	(City/ State an	d Zip Code)	
Life Skills and Leader ship & E-mail address: (10	be used for future ann	l ial report notifica	ion)
For further information concerning this matter	, please call:		
Lorraine James		850 at	212-0054
(Name of Contact	Person)		e) (Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the FI	orida Department	of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Certificate of		py Cer copy is Cer (Ac	2.50 Filing Fee rtificate of Status rtified Copy Iditional Copy is sclosed)
Mailing Address Amendment Section		Street Address Amendment S	

Amendment Section 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



Female Voices Early Intervention & Enhancement Program, Inc.

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(Name of Corporation as currently filed with the Flo	orida Dept. of State)	SECRETARY OF STA TALLAHASSEE, FOR
N98000006025		TALL AHASSEE, From
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
Life Skills and Leadership Academy, Inc.		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporate	d" or the abbreviation "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	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F	lorīda street address)
		. Florida
_	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		t the obligations of the position.
<u></u>	Signature of New Regis.	tered 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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove		-	···
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			<u></u>
Remove		-	
6) Change Add			
Remove			
E. If amending or addit (attach additional shee		icles, enter change(s) here: (Be specific)	
-	##************************************		
	_		-

		
		
		
		
		·
		<u>_</u>
<u> </u>		
-		
The date of each amendment(s) add date this document was signed.	option:, if c	other than the
Effective date if applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be lispartment of State's records.	ted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(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.

Dated _	10/6/22
Signature _	Lavainie Homeo
(1	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
1	other court appointed fiduciary by that fiduciary)
	Lorraine James
	
	(Typed or printed name of person signing)
	Energies Viroctor
	(Title of person signing)