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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORI	PORATION:	Floridians	for Effective Lea	adership, Inc	<u>c.</u>
DOCUMENT NUMBER:			P06000098	717	<u>-</u>
The enclosed Artic	cles of Amendment a	nd fee are submi	tted for filing.		
Please return all co	orrespondence concer	ning this matter	to the following:		
		,	ly Mask		
		Name of Co	ontact Person		
	Var		mmunications, Inc	•	
		Firm/ C	Company		
			sville Road		<u></u>
		Ado	iress		
			e, FL 32303		
		•	and Zip Code		
	E-mail address: (nask@vancore to be used for futur	e annual report notificat	ion)	·
For further inform	ation concerning this	matter, please c	all:		
····	Kimberly Mask	at (\	681-8530	·
Name of Contact Person			Area Code & Daytir	ne Telephone Nur	nber
Enclosed is a chec	k for the following ar	nount made pay	able to the Florida D	Department of S	state:
□ \$35 Filing Fee	\$43.75 Filing Fee Certificate of Stat	us (43.75 Filing Fee & Certified Copy Additional copy is enclo	Certific sed) Certific	Filing Fee cate of Status ed Copy ional Copy is enclosed)
Mailing Ad Amendmer Division of P.O. Box 6	nt Section f Corporations	Am Div	eet Address endment Section rision of Corporation fton Building	าร	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

FILED 10 APR 27 PM 12: 34

dership, Inc. SECRETARY OF STATE the Florida Dept. of State ALEAHASSEE. FLORIDA
- OHIDA
cion (if known)
tes, this Florida Profit Corporation adopts the following
on:
The new
poration," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation ation," or the abbreviation "P.A."
906 Thomasville Road
Tallahassee, FL 32303
Post Office Box 982
Tallahassee, FL 32302
e address in Florida, enter the name of the dress:
ida street address)
, Florida
(Zip Code)
Agent: iliar with and accept the obligations of the position. 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>C</u>	Steve Vancore	906 Thomasville Rd. Tallahassee, FL 32303	☐ Add ☑ Remove
<u>C</u>	Andrew Jones	Post Office Box 982 Tallahassee, FL 32302	
<u>T</u> ·	Kimberly Mask	Post Office Box 982 Tallahassee, FL 32302	
	ding or adding additional Article dditional sheets, if necessary). (I		
provisi		nge, reclassification, or cancellation o ment if not contained in the amendme	

The date of each amendment((s) adoption: $4-27-19$
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated_4/27/	10
Signature	
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	Steven Vancore
	(Typed or printed name of person signing)
	Chairperson
	(Title of person signing)