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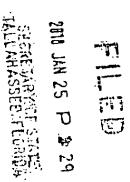
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T. LEANIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

Unbride	ed Warriors Incorporated	
N120000115	76	
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and	fee are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Tina Sommer		
	(Name of Contact Per	son)
Labyrinth Equine Assisted Development	(L.E.A.D.) Incorporated	
	(Firm/ Company)	
5065 Scaff Rd		
	(Address)	
St Augustine, Florida 32092		
	(City/ State and Zip C	ode)
thebarngoddess01@gmail.com		
E-mail address	s: (to be used for future annual repo	rt notification)
For further information concerning this m	natter, please call:	
Tina Sommer	at	904 806-8117
(Name of Co		(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount made payable to the Florida Do	epartment of State:
-	Filing Fee & \$\Bigcup\$\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	E \$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

Articles of Amendment to Articles of Incorporation of

Unbridled Warriors Incorporated					
(Name of Corporation	as curren	tly filed with the Florid	a Dept. of St	ate)	
N12000011576					
(Docum	nent Numb	er of Corporation (if kno	wn)		
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	es, this <i>Florida Not For I</i>	Profit Corpor	ation adopts the fo	llowing
A. If amending name, enter the new name of the	corporati	ion:			
Labyrinth Equine Assisted Development (L.E.A.D	.) Incorpor	ated		7	he new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorporated"	or the abbrev		
B. Enter new principal office address, if applica		5065 Scaff Rd, St Aug	ustine, FL 320)92	
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)				
					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	POV)	5065 Scaff Rd., St Aug	gustine, FL 32	1092	
(maining dauress MAT BE A POST OFFICE)	<u> </u>	····			
			- 		
D. If amending the registered agent and/or regis	stered offic	ce address in Florida, e	nter the nam	e of the	
new registered agent and/or the new register				<u></u>	
Name of New Registered Agent:	Tina Som	mer			
	5065 Scar	ff Rd.			
		(Flor	ida street addres.	<u> </u>	
New Registered Office Address:					
	St August	tine	,	Florida 32092	
		(City)		(Zip Code) ≔i	
New Registered Agent's Signature, if changing I					
l hereby accept the appointment as registered agen	it. I am fai	miliar with and accept th	ie obligations	~ ~~ ~~ <u>~</u>	
	\sim	7-		IAN 2	*****
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	/ 3	ignature oj N ew Aegister	ви лувпі, іј с	The street of th	
	t			22 *	
	1	Page 1 of 4		· 學图 23	

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>	Name	<u>Addres</u> s
1) Change	Р	Richie Wingfield	Brownsville Rd.
Add			Brownsville, Kentucky
X Remove			
2) Change	P	Marilyn Sommer	400 Central Ave Unit 311
X Add			Highland Park, JL 60035
Remove			
3) Change	<u> </u>	Chandra R. Gribble	Highway 17 South
Add			Green Cove Springs, FL 32043
X Remove			
4) Change	T,S	Holly Weeks	5065 Scaff Rd
X Add			St. Augustine, FL 32092
Remove			
5) Change	D	Cindy Witsel	901 Hwy 431 South
Add			Phenix City, Alabama
X Remove			
6) Change	VP	Kathryn Cipriani	245 John Ray Rd
X Add			St. Augustine, FL 32092
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.

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 Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	ED	StarrLee Heady	6132 County Rd 209 South
Add			Green Cove Springs, FL 32043
Remove			
2) Change	ED	Tina Sommer	5065 Scraff Rd
X Add			St. Augustine, FL 32092
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Section 1 - Name:

The name of the organization shall be Labyrinth Equine Assisted Development (also known as L.E.A.D.) Inc.

Section 2 - Purpose:

purposes.

Labyrinth Equine Assisted Development (L.E.A.D.) Inc. is organized exclusively for charitable, scientific and educational

The specific purpose of this corporation is: to provide Equine Assisted Personal Growth, Equine Assisted Development and

Equine Interactive Services to Military, Veterans, First Responders, families and the civilian populations and communities

including but not limited to LGBT and other disenfranchised or marginalized groups.

Article VI - Miscellaneous

Section 2 - Change all references to Unbridled Warriors Inc. to Labyrinth Equine Assisted Development (L.E.A.D.) Inc.

Section 3 - Change all references to Unbridled Warriors Inc. to Labyrinth Equine Assisted Development (L.E.A.D.) Inc.

Section 7 - Change all references to Unbridled Warriors Inc. to Labyrinth Equine Assisted Development (L.E.A.D.) Inc.

Article VIII

Upon the dissolution, termination or winding up of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue code of the corresponding section of any future federal tax code or shall be distributed to the federal government or to a state or local government for a public purpose.

Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organizations, as said Court shall determine, which are organized and operated exclusively for such purposes. In the event of dissolution or termination of the corporation all assets shall be distributed to 501(c)(3) organizations benefiting Military. Veterans, First Responders, families and the civilian populations and communities including but not limited to LGBT and other disenfranchised or marginalized groups.

	The date of each amendment(s) adoption: $\frac{12/15/2017}{}$. ate this document was signed.	if other than the
	January 30th 2018 ffective date if applicable:	
	(no more than 90 days after amendment file date)	
	lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records.	listed as the
٩d	doption 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.	
	December 15th 2017 Signature (By the chairman of vice chairman of the board, president or other officer of directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	tive Director
	Richie Wingfield	
	President (Typed or printed name of person signing) (Typed or printed name of person signing)	ent