## N14000003119

Office Use Only



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SECRETALLY OF STATE
TALLAHASSEE, FL

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ON:	prporated			
DOCUMENT NUMBER:	N14000003119				
The enclosed Articles of Am	nendment and fee are sub	mitted for filing.			
Please return all corresponde	ence concerning this matt	ter to the following	:		
Valerie J. Morris					
		(Name of Contact	Person)		
Spring Keepers Inc.					
		(Firm/ Compa	any)		
23600 SW 124 Ave.					
		(Address)			·
Homestead/ Florida 33032					
		(City/ State and Z	ip Code)		
valeriejohnson.morris@gma	nil.com				
Е	-mail address: (to be used	d for future annual	report notific	ation)	
For further information cond	erning this matter, please	e call:			<u>د</u> ے م،
Valerie Morris			305 at	338-4944	SECRIPINAY 19 TALLIMENT NUMBER 1
	(Name of Contact Person	1)	(Area Co	de) (Daytime Telephone	e Number)
Enclosed is a check for the f	ollowing amount made p	ayable to the Florid			45.53 55.53 64.53 64.53
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)	y is C	52.50 Filing Fee ertificate of Status ertified Copy Additional Copy is Enclosed)	F STATE
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Section	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Spring Keepers Incorporated (Name of Corporation as currently filed with the Florida Dept. of State) N14000003119 (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: 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: Florida (Zip Code) (City) 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 an	d 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 D V Mike Je SV Salty S	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add		<del></del>	
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add		<del></del>	
Remove			
5) Change Add			SECRETALL
Remove			LAW 19
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	ָ הַּיִּ
Article III: The specific r	ourpose for which	this corporation is organized is to develop mir	ndfulness and emotional wellness
through publications, wo	rkshops, retreats,	sabbaticals and leadership development and su	pport of programs and initiatives
that result in individual, s	small group and co	ommunity improvement and empowerment.	
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The date of each amendment(s) ac date this document was signed.	loption:		, if other than the
Effective date if applicable:			
	(no more than 90 days after amendmen	nt file date)	
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing partment of State's records.	ng requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of vo	tes cast for the amendment(s)	

adopted by the boar	d of directors.
_	7/16/2023
Dated _	
Signature _	Valera Mo-
	by the chairman or vice chairman of the board, president or other officer-if directors
	ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or
o	ther court appointed fiduciary by that fiduciary)
	Valerie J. Morris
	(Typed or printed name of person signing)
	President
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were