N16000010440

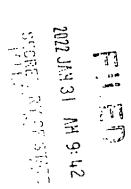
| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Division of Corporations

RECEIVED

2022 JAN 31 PM 1:35

SECRETARY OF STATE TALLAHASSEE, FL

January 18, 2022

EMILY ANDARI 1000 RIVERSIDE DRIVE FORT LAUDERDALE, FL 33312

SUBJECT: NEW EARTH TRIBES CORPORATION

Ref. Number: N16000010440

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document. Articles of Incorporation CANNOT be filed with an Amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 622A00001351

COVER LETTER

| Division of Co | rporations | | |
|------------------------|--|--|--|
| NAME OF CORPO | : new Earth Tribes ORATION: | Corporation | |
| DOCUMENT NUM | N16000010440 | | |
| The enclosed Article | es of Amendment and fee are su | abmitted for filing. | |
| Please return all con | respondence concerning this ma | atter to the following: | |
| | Emily Andari | | |
| | | Name of Contact Persor |) |
| | New Part Tribes Corporation | 1 | |
| | ,, ,, , <u>,,</u> , = 1,, _ 1, _ 1, _ 1, _ 1, _ 1, _ 1, _ | Firm/ Company | |
| | 1000 Riverside Drive | | |
| | | Address | |
| | Fort Lauderdale, FL, 33312 | | |
| | · · · · · · · · · · · · · · · · · · · | City/ State and Zip Code | |
| | eandaril@gmail.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further informati | on concerning this matter, plea | se call: | |
| Emily Andari | _ | 561 at (| 414-3940 de & Daytime Telephone Number |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check to | for the following amount made | payable to the Florida Depa | artment 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

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, El. 32314

Street Address
Amendment Section
Division of Corporations

The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

FILED

| NEW EARTH TRIBES CORPORATION | 2022 JAN 31 | AH 9: 42 |
|---|----------------------|------------------|
| (Name of Corporation as currently filed with the Florida Dept. of State) | SECRET'RY | OF STATE |
| (Document Number of Corporation (if known) | 1751-67 | <u> </u> |
| Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit</i> amendment(s) to its Articles of Incorporation: | Corporation adop | ts the following |
| A. If amending name, enter the new name of the corporation: | | |
| Axis Institute Corporation | | The new |
| AXIS INSTITUTE CORPORATION name must be distinguishable and contain the word "corporation" or "incorporated" or the "Company" or "Co." may not be used in the name. | · ahbreviation "Co | rp." or "Inc." |
| 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 to new registered agent and/or the new registered office address: | he name of the | |
| Name of New Registered Agent: | | <u> </u> |
| (Florida str | vet address) | |
| New Registered Office Address: | | |
| | , Florida | |
| (City) | (Zip Coe | le) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obt | ligations of the pos | ition. |

Signature of New Registered Agent, if changing

| and address of each Off (Attach additional sheets, Please note the officer/di P = President; V = Vice I | ficer and/or Direct , if necessary) Frector title by the j President: T= Trect = Chief Financial | first letter of the office title: isurer; S= Secretary; D= Director; TR= Tru: Officer. If an officer/director holds more tha | stee: C = Chairman or Clerk: CEO = Chief |
|--|--|--|--|
| Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove | ives the corporation | nanner. Currently John Doe is listed as the Pon, Sally Smith is named the V and S. These sh SV as an Add. | ST and Mike Jones is listed as the V. There is nould be noted as John Doe, PT as a Change. |
| Example: XChange X Remove X Add | PT John D V Mike J SV Sally S | ones | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change Add | | | |
| Remove | | | |
| 2) Change Add | | | |
| Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or add (attach additional she | | ticles, enter change(s) here: (Be specific) | |
| _AII original | Articles o | of Tucorporation remain. | the same, except a |

for medical research in fields of health and wellness

through public donations grants and scholarships

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| | 121.1 | |
| The date of each amendment(s) adoption: date this document was signed. | 12/6/2021 12/6/2621 nore than 90 days after amendment file date) | , if other than the |
| Effective date if applicable: | 12/6/2021 | |
| (no m | nore than 90 days after amendment file date) | |
| | meet the applicable statutory filing requirements, this date will | |
| | | |
| Adoption of Amendment(s) (CII | IECK <u>ONE</u>) | |

| 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 1/24/2002 |
| Signature Eduloni |
| (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) |
| Emily Andali (Typed or printed name of person signing) |
| (Typed or printed name of person signing) |
| Director |
| (Title of person signing) |