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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SIGNATURE GIVES			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subm	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
Kristen King Jaiven			
(Name of Contact Pe	rson)	
Kristen King Jaiven, Lawyer, PLLC			
	(Firm/ Company)	
418 SW 11th Street			
The state of the s	(Address)		4
Fort Lauderdale, FL 33315			
(City/ State and Zip C	Code)	
kristen@kkjlawyer.com			
E-mail address: (to be used	for future annual rep	ort notification))
For further information concerning this matter, please of	all:		
Kristen King Jaiven	at	407	590- 9686
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida I	Department of S	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Div	eet Address lendment Secti vision of Corpo e Centre of Ta	prations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SIGNATURE CIVES BACK	INC	

(Name of Corporation as currently filed with the F	lorida Dept. of State)	
N16000011635		
(Document	t Number of Corporation (if kr	iown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	U or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	· .
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
_	tFl.	orida street address)
New Registered Office Address:		
_		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Regist	ered 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 De V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>D</u>	John Goss, Jr.	6699 North Federal Highway, Sunta Boca Raton, FL 33487
X Remove			
2) Change X Add	<u>D</u>	Eliana Blech	6699 North Federal Highway, Suite Boca Raton, FL 33487
Remove Change X Add Remove	<u>D</u>	Barbara Lofaro	6699 North Federal Highway, Suips Boca Raton, FL 33487
4) Change X Add	<u>D</u>	Michelle Martinez	6699 North Federal Highway, Suite Boca Raton, FL 33487
Remove			
5) Change Add	-		
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
		<u></u>	<u> </u>

Note: If the date inserted in this block does not a			onte this data wi	U not ha listed on the
the date of each amendment(s) adoption: date this document was signed. Effective date if applicable:				. II other than the
The date of each amendment(s) adoption:				if other than the
		 ·-···		
	.,	 		
10.7		 		
		3.00-1-1		···

adoption 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.

I'm time
(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)
Knsten King Jaiven, Esq.
(Typed or printed name of person signing)
Director & Secretary