NK000011635

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TO: Amendment Section Division of Corporations

. SIGNATURE GIVES B.	ACK, INC.			
NAME OF CORPORATION:	 			
N16000011635				
DOCUMENT NUMBER:	-			—
The enclosed Articles of Amendment and fee are submitt	ed for filing.			
Please return all correspondence concerning this matter to Kristen King Jaiven	o the following:			
(N	ame of Contact Pe	rson)		_
Kristen King Jaiven, Lawyer, PLLC				
	(Firm/ Company)		_
418 SW 11th Street				
	(Address)			
Fort Lauderdale, FL 33315				
(Ci	ity/ State and Zip ((ode)		
kristen@kkjlawyer.com				
E-mail address: (to be used for	r future annual rep	ort notification)	
For further information concerning this matter, please cal	11:			,
Kristen King Jaiven		407	590-9686	. ,
	at _			
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made payab	ole to the Florida I	Department of :	State:	-
1	\$43.75 Filing Fee of Certified Copy Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status I ed Copy ional Copy is sed)	ۍ- د د
Mailing Address		eet Address		
Amendment Section	Am	endment Secti	on	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SIGNATURE GIVES BACK, INC.

Name of Corporation as currently filed with the N16000011635	e Florida De	pt. of State)	
(Docum	ient Number	of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation;	rida Statutes,	this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	e corporatio	<u>n:</u>	
			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		n" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
	9	080 Kimberly Boul	levard
B. <u>Enter new principal office address, if applical</u> Principal office address <u>MUST BE A STREET A</u>		uite 12	
	- !	Boca Raton, FL 334	434
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE I</u>	<u>BOX</u>)	9080 Kimberly Bot	ilevard
	5	Suite 12	
	-	Boca Raton, FL 334	134
D. If amending the registered agent and/or regis			i, enter the name of the
new registered agent and/or the new registere	<u>ed office ade</u> Jack Jaiven	Iress:	
Name of New Registered Agent:			
	9080 Kimbe	rly Boulevard; Suit	e 12
N 0 4 100 411		d	Flarida street address)
<u>New Registered Office Address:</u>	Boca Raton		33434 , Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			of the obligations of the position.
_	Sign	ature of New Regis	stered 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	V Mik	n Doc e Jones y Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
· / 1) X Change Add	<u>D</u> Assis	COHEN, BARBARA	9080 Kimberly Boulevard Suite 12	<u>-</u>
Remove			Boca Raton, FL 33434	_
2) X Change Add	DP	SCHACTER, BEN	9080 Kimberly Boulevard Suite 12	<u> </u>
Remove	<u>vtd</u>	JAIVEN, JACK	Boca Raton, FL 33434 9080 Kimberly Boulevard Suite 12 Boca Raton, FL 33434	- - -
\(\begin{align*} &\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SD	KING JAIVEN, KRISTEN	9080 Kimberly Boulevard Suite 12	- ; ,
$\int_{51}^{2} \frac{\text{Remove}}{\text{Change}}$ Add	DV	PRESSNER, WENDY	Boca Raton, FL 33434 9080 Kimberly Boulevard Suite 12	— , — .
Remove And X Change	1)	BENIAMIN, JR., IVAN M	Boca Raton, FL 33434 9080 Kimberly Boulevard	
Add Add	<u></u>	<u> </u>	Suite 12	_
Remove			Boca Raton, FL 33434	_
E. If amending or ac (attach additional):		Articles, enter change(s) here: (). (Be specific)		
Address Changes Also for:	Elliot, Gayle, Lewis, C	atherine; Blech, Eliana; LOFARO, BARBARA;	and Martinez, Michelle	
To: 9080 Kimberly Bouley	ard; Suite 12 Boca Rat	on, FL 33434		_
				_

Effective date if applicable: (no more than 90 days after amendme) Note: If the date inserted in this block does not meet the applicable statutory fili	
The date of each amendment(s) adoption:	
	<u>.</u>
	<u> </u>
	<u> </u>
	
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The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	10/27/2023	
		Tack Taiven 6 10 27/2023 6:25 PM FDT
Signature		€ 10 27/2023 6:25 PM FDT
	have not been select	vice chairman of the board, president or other officer-if directors ted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)
	Jack Jaiven	
		(Typed or printed name of person signing)

(Title of person signing)