N21000013507

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	MIND THE GAP: C	OUNSELING, S	UPERVIS	ION, AN	D CONSULTING SERVICES	INC
DOCUMENT NUMBER:	N21000013507					
The enclosed Articles of An						
Please return all correspond		_	s r :			
Kimere Corthell	ince concerning and man		5,			
		(Name of Contac	et Person)			
		(Firm/ Com	pany)			
4810 12th Ave S						
		(Address	5)			
St. Petersburg, FL 33711						
		(City/ State and	Zip Code)			
mindthegaptogether@gmail	.com					
T.	-mail address: (to be used	For future annua	report not	ification)	
For further information conc	erning this matter, please	call:				
Katie Corthell					6076543	
	(Name of Contact Person		(Area	Code)	(Daytime Telephone Number)	1
Enclosed is a check for the f	following amount made p	ayable to the Flor	ida Departi	nent of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Copy (Additional co enclosed)	,	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
<u>Mailing A</u> Amendme	.ddress nt Section		Street Ac		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



(Name of Corporation as currently filed with the Florida Dept. of State)

MIND THE GAP: COUNSELING, SUPERVISION, AND CONSULTING SERVICES INC.

(Document No	imber of Corporation (if kr	nown)
Pursuant to the provisions of section 617.1006. Florida Stamendment(s) to its Articles of Incorporation:	ntutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
Mind the Gap Together Inc.		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		enter the name of the
Name of New Registered Agent:		
	(Fle	orida street address)
New Registered Office Address:		
<u>-</u>		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered agent. I ar		the obligations of the position.

Signature of New Registered 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 Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
			-
	···		

				
		para_		
				
				
				
				
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			<u></u>	
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		-		
-				
The date of each amendment(s) adoption date this document was signed.	n:			if other than the
Effective date if applicable:				
therefore date it applicable.	(no more than 90 days	after amendment file (date)	
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicab ent of State's records.	te statutory filing requ	uirements, this date will n	ot be listed as the

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)

adopted t		bers or members entitled to vote on the amendment(s). The amendment(s) was/were and of directors.
1	Dated	03/03/2022
•	Ancu	111- 0 24
S	Signature	
	,	By the chairman of 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)
		Kimere Corthell
		Kimere Corthell