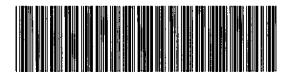
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

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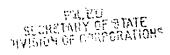
C. LEWIS AUG 14 2014 EXAMINER

COVER LETTER &

TO: Amendment Section Division of Corporations

STATISTICAL OF COMPONICATIONS		•
NAME OF CORPORATION: PTSD Le	arning to Liv	ve Again Inc.
DOCUMENT NUMBER: N14000004	757	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Susan Baruth		
	(Name of Contact Person	1)
PTSD Learning to Live A	Again Inc.	
	(Firm/ Company)	
819 Phillis Way		
	(Address)	<u> </u>
Cocoa , Florida, 32926		
	(City/ State and Zip Code	e)
suzqu357@gmail	.com	
E-mail address: (to be used		notification)
For further information concerning this matter, please	call:	
Susan Baruth	_{at} 321	301-4028
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	_	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of



14 AUG -1 AH 10: 57

PTSD Learning to Live Again Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N14000004757 (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: n/a 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. n/a B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: n/a (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: n/a Name of New Registered Agent: (Florida street address) New Registered Office Address: n/a Florida 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

Page 1 of 4



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 <math>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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	n Doe le Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	S	Jacqueline Berry	819 Phillis Way
Add			Cocoa, Florida
Remove			32926
2) X Change	<u>T</u>	Kathy Kentta	819 Phillis Way
Add			Cocoa, Florida
Remove			32926
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific,)				
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The date of each amendment(s) adoption:	Si e juliu U	, if other than the
date this document was signed.	THEFTANDARY OF WHITE THEFTANDARY OF ROBINITY	 :
Effective date if applicable: (no more than 90	days after amendment fle date) 414 13: 57	
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the members at was/were sufficient for approval.	nd the number of votes east for the amendment(s)	
There are no members or members entitled to vote on the adopted by the board of directors.	e amendment(s). The amendment(s) was/were	
Dated 24 July 2014		
Signature LusauMRa	with	
(By the chairman or vice chairman of	the board, president or other officer-if directors orator – if in the hands of a receiver, trustee, or	
Susan Baruth		
(Typed or printed name	of person signing)	
President		
(Title of perso	on signing)	