## N14000004757

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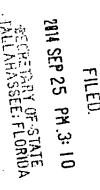
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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PTSD Learning to Live Again					
DOCUMENT NUMBER: N14000004	757				
The enclosed Articles of Amendment and fee are sub-	mitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
Susan Baruth					
	(Name of Contact Person	n)			
	(Firm/ Company)				
819 Phillis Way					
	(Address)				
Cocoa, Florida 32926					
	(City/ State and Zip Cod	e)			
suzqu3572gmail.		notification)			
For further information concerning this matter, please	call:				
Susan Baruth	<sub>at</sub> (321	914-5966  ode & Daytime Telephone Number)			
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)			
Enclosed is a check for the following amount made pa	yable 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301			

## Articles of Amendment to Articles of Incorporation

FILED

PTSD Learning to Live Again Inc.

2014 SEP 25 PM 3: 10

SECRETARY OF STATE JALLAHASSEE, FLORIDA (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: 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. 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 the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: 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 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 D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	Jacquiline Berry	819 Phillis way
Add			Cocoa ,Florida
X Remove			32926
2) Change	S	Barbara Yodice	819 Phillis way
X	<del></del> -		Cocoa, Florida
Remove			32926
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	<del></del>		
Remove			
6) Change			
-			-
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	
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	e date of each amendment(s) adoption:e this document was signed.	, if other than the
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
Ad	option 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.	
	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 20 Sept 14	
	Signature SusawM. Rauth	_
	(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)	
	Susan M. Baruth	• •
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	