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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations		
NAME OF CORPORATION: Favored I	ndependen	ce, Inc
DOCUMENT NUMBER: N0600006	919	
The enclosed Articles of Amendment and fee are sub-	nitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Katina Williams		
	(Name of Contact Person)
Favored Independence		
	(Firm/ Company)	
3901 Magnolia Pointe La	ane	
	(Address)	
Orlando, Florida 32810		
-	(City/ State and Zip Code	e)
kwilliams502@cfl	.rr.com	
E-mail address: (to be used	for future annual report r	notification)
For further information concerning this matter, please	call:	
Katina Williams	407	521 2238
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:
\$35 Filing Fee \$\text{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 n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

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Favored Independence, Inc

(Name of Corporation as cr	irrently fil	ed with	a the Flo	<u>orida De</u>	pt, of S	itate)		
N06000006919								
								

(Document I	Number of Corporation	n (if known)	
Pursuant to the provisions of section 617.1006, F amendment(s) to its Articles of Incorporation:	lorida Statutes, this Fi	lorida Not For Profit Corporation	adopts the followin
A. If amending name, enter the new name of	the corporation:		
			The nev
name must be distinguishable and contain the wa "Company" or "Co." may not be used in the na		"incorporated" or the abbreviation	ı "Corp." or "Inc."
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>			
			
			
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE	E ROX)		
			
		· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or re- new registered agent and/or the new regist		ss in Florida, enter the name of th	<u>le</u>
Hume of New Newstered Agent.	****		
	(Florida st	reet address)	
New Registered Office Address:			
		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing		a 1 .a 12 a ca	*
I hereby accept the appointment as registered ag	eni. I am familiar wil	in and accept the obligations of the	position.
Signe	ature of New Registere	ed 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		Pa		
Add				****
Remove				- 1 - 1 M
3) Change		_	<u></u>	
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Article III - Purpose of Coproration To serve as a Representative Payee, Federal Fiduciary or Financial consultant for persons that are emotionally or physically unable to manage their monthly financial obligations. Favored Independence, Inc is an organization organized exclusively for charitable and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c) (3) of the Internal Revenue Code or corresponding section of any future federal tax code.

date this document was signed.	, if other than the
· ·	
Effective date if applicable: (no more than 90 days after amendment file date)	
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.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
December 18, 2013	
Signature	
(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)	
Katina Williams	
(Typed or printed name of person signing)	
President	
(Title of person signing)	