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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Advocacy At Work, Inc.
N07000003	035
The enclosed Articles of Amendment an	d fee are submitted for filing.
Please return all correspondence concerr	ning this matter to the following:
Thomas Pratt	
	(Name of Contact Person)
Legal Advocacy At Work, Inc.	
	(Firm/ Company)
424 E. Central Blvd #199	
	(Address)
Orlando, FL 32801	
	(City/ State and Zip Code)
tompratt@idignity.org	
E-mail addre	ss: (to be used for future annual report notification)
For further information concerning this	matter, please call:
Thomas Pratt	407 at
(Name of C	Ontact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following an	nount made payable to the Florida Department of State:
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Legal Advocacy At Work, Inc.			
(Name of Corporation as currently filed with the	e Florida	Dept. of State)	
N07000003035			
(Docun	ient Numl	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:	rida Statu	tes, this Florida Not For Prof	Tit Corporation adopts the following
A. If amending name, enter the new name of the	e corpora	tion:	
KI/A			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ition" or "incorporated" or t	he abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	hle:	.\ <u>NIA</u>	
(Principal office address SIOST BE A SINCEL A	1717KE33	. <i>)</i> 	
			Par 1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	P (1 V)	NIA	37. 22
(Stating dataress SIAT DE A (OST OTT ICE	<u>D().(</u>)		. P
			
			PH 2: 55
D. If amending the registered agent and/or regi	stered af	ice address in Florida, enter	→ •
new registered agent and/or the new register	ed office	address:	
Name of New Registered Agent:	Thomas	A. Pratt	
	427 N. N	Jagnolia Ave., Orlando, FL 3	2801
		(Florida si	treet address)
New Registered Office Address			72001
	427 N. N	Magnolia Ave., Orlando	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registere nt. Lam f	d Agent: amiliar with and accept the ob	pligations of the position.
		100 4	rat
-		Signature of New Registered A	Igent, 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 Do V Mike Jo SV Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) Change Add	MA	Jacqueline Dowd	427 N. Magnolia Ave Orlando, FL 32801
x Remove			
2) Change Add	<u>D</u>	Siobhan O'Donnell	390 N. Oragne Ave Orlando, FL 32801
X Remove	D	Thomas Pratt	427 N. Magnolia Ave Orlando, FL 32801
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addir (attach additional shee	ig additional Arti	Page 2 of 4 icles, enter change(s) here: (Be specific)	
N/A			
	<u> </u>		
	-		

				
			·	
				
				
				
				
				
				
				
		<u> </u>		
	Pao	ge 3 of 4		
	• ••	(2.5.0)		
The date of each amendment(s) adoption that this document was signed.	on: February	14,2020		, if other than the
Iffective date if applicable:				
	(no more than 90 days a	ifter amendment file dat	e)	
lote: If the date inserted in this block do ocument's effective date on the Departm	es not meet the applicablent of State's records.	le statutory filing require	ements, this date will no	t be listed as the
doption 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.

Dated	February 14, 2020		
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)		
	David Bundy		
	(Typed or printed name of person signing)		
	Director		
	(Title of person signing)		

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.