N07000007442

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	C	<u>OVER LETTER</u>	
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O: Amendment Section Division of Corporation	ns		
AME OF CORPORATI	Javamo Art for Autism For ON:	undation, Inc.	·
	N0700007442		
he enclosed Articles of A	nendment and fee are submitted	for filing.	
lease return all correspond	ence concerning this matter to the	e following:	
Victoria L. Westra			
	(Nam	e of Contact Person)	
Javamo Art for Autism Fou	ndation, Inc.		
·····	(1	Firm/ Company)	
707 Yeats Manor Dr. #402	:		
<u> </u>		(A) }	
		(Address)	
[amaa/[2] 22616		(Address)	
Tampa/FL33616		· · · · · · · · · · · · · · · · · · ·	
ampa/FL33616	(City/	(Address) State and Zip Code)	
	(City/	· · · · · · · · · · · · · · · · · · ·	
icky@autismshifts.org	(City/ -mail address: (to be used for fu	State and Zip Code)	ication)
ricky@autismshifts.org		State and Zip Code)	ication)
vicky@autismshifts.org For further information con-	-mail address: (to be used for fu	State and Zip Code)	ication) 251-2787
icky@autismshifts.org for further information con-	-mail address: (to be used for fu	State and Zip Code) ture annual report notif	251-2787
vicky@autismshifts.org For further information con Victoria Westra	-mail address: (to be used for fu	State and Zip Code) ture annual report notif atatat(Area C	251-2787 ode) (Daytime Telephone Number
For further information con Victoria Westra	-mail address: (to be used for fu cerning this matter, please call: (Name of Contact Person) following amount made payable \$43.75 Filing Fee & \$\$43 Certificate of Status Cer (Ad	State and Zip Code) ture annual report notif ut at 813 (Area C to the Florida Departme .75 Filing Fee & tified Copy ditional copy is	251-2787 ode) (Daytime Telephone Number
For further information con Victoria Westra Enclosed is a check for the \$35 Filing Fee <u>Mailing A</u>	-mail address: (to be used for fu cerning this matter, please call: (Name of Contact Person) following amount made payable \$43.75 Filing Fee & \$\$43 Certificate of Status Certificate of Status address	State and Zip Code) ture annual report notif at 813 (Area C to the Florida Departme .75 Filing Fee & tified Copy ditional copy is losed) <u>Street Add</u>	251-2787 ode) (Daytime Telephone Number ent of State: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
For further information conv Victoria Westra Enclosed is a check for the \$35 Filing Fee <u>Mailing A</u> Amendme	-mail address: (to be used for fu cerning this matter, please call: (Name of Contact Person) following amount made payable \$43.75 Filing Fee & \$\$43 Certificate of Status Cer (Ad enc	State and Zip Code) ture annual report notif at 813 (Area C to the Florida Departme .75 Filing Fee & tified Copy ditional copy is losed) <u>Street Add</u>	251-2787 ode) (Daytime Telephone Number ent of State: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
vicky@autismshifts.org	 -mail address: (to be used for full cerning this matter, please call: (Name of Contact Person) collowing amount made payable \$43.75 Filing Fee & \$\$43 Certificate of Status Certificate of Status 	State and Zip Code) ture annual report notif at 813 (Area C to the Florida Departme .75 Filing Fee & tified Copy ditional copy is losed) <u>Street Add</u> Amendmen Division of The Centre	251-2787 ode) (Daytime Telephone Number ent of State: \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) ress t Section

Javamo Art for Autism Foundation. Inc.	Articles of Amendment to Articles of Incorporation of	FILED 2022 MAR 31 PM 12 39
Name of Corporation as currently filed with th	Regide Dent. of State)	
N0700007442	(C Morida Depi, VI State)	ATT, LINET OF FILM
(Docu	ment Number of Corporation (i	fknown)
Pursuant to the provisions of section 617,1006, Fla amendment(s) to its Articles of Incorporation: A. <u>If amending name, enter the new name of the</u> NEUROSHIFTS, INC.		For Profit Corporation adopts the followin
name must be distinguishable and contain the wor	d "corporation" or "incorpora	The new Just of the abbreviation "Corn " or "Inc."
		· · · · ·
<u>"Company" or "Co." may not be used in the nan</u>		
<u>"Company" or "Co," may not be used in the nan</u> B. <u>Enter new principal office address, if applic</u> Principal office address <u>MUST BE A STREET A</u>	able: <u>N/A</u>	
B. Enter new principal office address, if applic	<u>able:</u> <u>ADDRESS</u>)	
 B. Enter new principal office address, if applic. Principal office address <u>MUST BE A STREET A</u> C. Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE</u>) D. If amending the registered agent and/or registered agent agen	ADDRESS)	da, enter the name of the
 B. Enter new principal office address, if applic. Principal office address <u>MUST BE A STREET A</u> C. Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE</u>) D. If amending the registered agent and/or registered agent and/or the new registered 	ADDRESS)	da, enter the name of the
 B. Enter new principal office address, if applic. Principal office address <u>MUST BE A STREET A</u> C. Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE</u>) D. If amending the registered agent and/or registered agent agen	ADDRESS)	da, enter the name of the
 B. Enter new principal office address, if applic. Principal office address <u>MUST BE A STREET A</u> C. Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE</u>) D. If amending the registered agent and/or registered agent and/or the new registered 	able: N/A ADDRESS)	da, enter the name of the (Flonda street address)
 B. Enter new principal office address, if applic. Principal office address <u>MUST BE A STREET A</u> C. Enter new mailing address, if applicable; (Mailing address <u>MAY BE A POST OFFICE</u>) D. <u>If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent: Name of New Registered Agent:</u> 	able: N/A ADDRESS)	

N/IT 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	<u>PT</u> John I ⊻ Mike J SV Sally S	lones	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u> </u>	Pier Westra	5707 Yeats Manor Dr. Unit 402
Remove			Tampa, FL 33616
2) Change Add	<u></u>	Marilyn Burrows	
Remove 3) Change * Add Remove	<u>D</u>	Dennis Hartin	690 Main St. #1094 Safety Harbor, FL 34695
4) Change	<u>D</u>	Deloria Nelson	
Remove			
5) Change Add	VP	Vicky Westra	5707 Yeats Manor Dr. Unit 402
Remove			Tampa, FL 33616
ත Change Add			
Remove			<u> </u>

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

N/A

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	×7.14			
The date of each amendment	(s) adoption:			if other than the
date this document was signed				
	03/28/2022			
Effective date <u>if applicable</u> :		90 days after amendn		
	(no more than	yu aays ajter amendn	reni file dale)	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

. . . . • ۰. . ι.

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	03/28/2022	·/			
Signature		Victoria	R	We s-	hr-
		man or vice chairm en selected, by an ir			

ner officer-if directors a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Victoria Westra

(Typed or printed name of person signing)

Executive Director and Founder

(Title of person signing)