10800011131

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Decentified Copies	cument Number) Certificates	s of Status
Special Instructions to	Filing Officer:	



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SECRETARY OF STATE

2009 MAR 18 AM 11: 26

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Campaign f	or Alternative Medicine Cons	umer Safety, Inc.
DOCUMENT NUMBER: <u>N08000011131</u>		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Jann J. Bellamy		
(Name	of Contact Person)	
(F	irm/ Company)	
509 Vinnedge Ride	(Address)	
Tallahassee, FL 32303 (City/	State and Zip Code)	
For further information concerning this matter	, please call:	
Jann J. Bellamy (Name of Contact Person)	at (<u>850</u>) <u>509-05</u> (Area Code & Daytime	
Enclosed is a check for the following amount	made payable to the Florida De	partment of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status	S43.75 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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

Articles of Amendment

200-	ENED
TALL A ETAL	18 AM 11:27
TALL AHAS ner Safety SI Dept. of State	ACE STATE ORION

	es of incorporation	8/ 11/1	
Campaign for Alternativ	of	TALLAHAARY AM//: 2;	•
Campaign for Alternativ	e Medicine Consun	ner Safety Stack Style	
(Name of Corporation as curren	ntly filed with the Florida	Dept. of State	
N	08000011131	· • · · · · · · · · · · · · · · · · · ·	3
	per of Corporation (if know	n)	
Pursuant to the provisions of section 617.1006, I the following amendment(s) to its Articles of Inc.		a Not For Profit Corporation a	adopi
A. If amending name, enter the new name of	the corporation:		
Campaign for Science Based Heal	lth Care, Inc.		
The new name must be distinguishable and co	ntain the word "corporation	on" or "incorporated" or the	
abbreviation "Corp." or "Inc." <u>"Company" or</u>	"Co." may not be used in	<u>the name</u> .	
B. Enter new principal office address, if appl			
(Principal office address <u>MUST BE A STREET</u>	TADDRESS)		
	<u> </u>		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	CE BOX)		
	-		

D. If amending the registered agent and/or re	egistered office address in	Florida, enter the name of the	e
new registered agent and/or the new regis			_
Name of New Pagintaged Agents			
Name of New Registered Agent:			
V D 1 1000 111	/FI + 1	7.7	
New Registered Office Address:	(Florida street aa	(dress)	
_		, Florida	
	(City)	(Zip Code)	

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

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)

Title	<u>Name</u>	Address	Type of Action
			Add Remove
			_
			_
(attach add	ng or adding additional Articles, enter litional sheets, if necessary). (Be spec lame" is hereby amended to reac of this Corporation shall be Camp	<i>cific)</i> d:	h Care, Inc.
	Corporate Purposes" is hereby ar		
	ration shall be a nonprofit organiz		clusively for
-	educational, and scientific purpo		
of the Interr	nal Revenue Code, or the corres	ponding section of any future	federal tax code
including th	ne making of distributions to orga	nizations that qualify as exem	pt organizations
under Secti	ion 501(c)(3), to include research	n and education related to scie	nce based
health care	and to include advocacy for the	health, safety and welfare of t	nealth care
consumers	by promoting science based hea	alth care.	
			· · · · · · · · · · · · · · · · · · ·
			

The date of each amendment(s) adoption: March 16, 2009		
Effective date <u>if applicable</u> :	upon filing (no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Signature (By hav	the chairman or vice chairman of the board, president or other officer-if directors be not been selected by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)	
	Jann J. Bellamy (Typed or printed name of person signing)	
	President	
	(Title of person signing)	