## NOADDOOT

Office Use Only



400305132004

11/03/17--01019--018 \*\*35.00

NOV 0 6 2017 S. YOUNG

17 NOV -3 PH 4:5

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

7.

NAME OF CORPORATION: Understanding the Human Experience, INC
DOCUMENT NUMBER: NO 90000 10947
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brooke Wheeldon (Name of Contact Person)
(Name of Contact Person)
Understanding the Human Experience, inc
913 S. Parsons Luc Suite C
Brandon 7L 3859 (City/ State and Zip Code)
BRUDKER Q Cypressintiative, org E-mail address: (to be used for future and ual report notification)
For further information concerning this matter, please call:
(Name of Contact Person) at S13 494-0758 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

to
Articles of Incorporation of

Understanding the He	eman Experience, INC
(Name of Corporation as curren	atly filed with the Florida Dept. of State)
NC	9000 1094
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
	The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	
(Frincipal office address MOST BEA STREET ADDRESS	
	- <del>''</del> ψ' ω
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Maning datress MAT BE A POST OF FICE BOX)	
	- <u>-                                  </u>
	75
(D) If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ce address in Florida, enter the name of the address:
Name of New Registered Agent: AYO	oke wheeldon
913 8	Parsons tree Suite C.
New Registered Office Address:	10 -1.
TOY .	andon Florida 33511
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: amiliar with and accept the obligations of the position.
R	muche Wheelden
	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	PT         John I           V         Mike .           SV         Sally !	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	I	David Bekhor	13336 N. Central au TANGA, FC 33612
2) Change Add	工	Brooke wheeldon	913 S. Parsonsau fuite c mandon, fr 335+1
Remove 3) Change Add	<u></u>	DON DONOVan	13336 N. Central au TAMPS, E 33612
Remove 4) Change Add	<u> </u>	Pritam Singh	13336 N. Central au TANGG 19233612
Remove  5) Change Add Remove	<u>5</u>	Richard BozorAN	13336 N. Central Chu TANGA, SL 33612
6) X Change Add	_D.	Aprilon Turner	913 S. Paramoane Butto C Mandon, R. 33511
Remove		Dans 2 of 4	mandon, 92 33311

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
type 1 Archim title Name	Honer
change D CHEISTINE HEATH	9135. Parons A priti C Pranton, Fr. 335
	Manlon, Fr. 335

٠٠.	The date of each amendment(s) adoption:	_, if other than the
	Effective date if applicable:  (no more than 90 days after amendment file date)	
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	e listed as the
	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.	
	Dated OC+7012016	
	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)	_
	DAUID Bekhor  (Typed or printed name of person signing)	
	Teasure (Title of person signing)	

. . . .