N11000001504

(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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11 SEP 26 PM 3: 1-1

SEPRETARY OF STATE

Append News 9-28-11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Early Interven	tion Su	iccess,	Incorpora	ted
DOCUMENT NUM	ивек: <u>N11000001504</u>				
The enclosed Article	es of Amendment and fee are sul	omitted fo	r filing.		
Please return all cor	respondence concerning this mat	ter to the	following	y :	
		lle M GI			
	(Name of	Contact 1	Person)		
	Early Intervention	n Succes	ss, Inco	rporated	
	(Firm	n/ Compai	ny)		
	119 Ca	ndlebark	Drive		
		Address)		· · · · · · · · · · · · · · · · · · ·	
	laakaam		20005		
	Jackson (City/ Sta				
		.	••		
	janelle_glo E-mail address: (to be use				tion)
For further informat	ion concerning this matter, pleas			•	,
Janelle Glova		at (904) 928-318	9
(Nam	e of Contact Person)		(Area (Code & Daytin	ne Telephone Number)
Enclosed is a check	for the following amount made p	payable to	the Flori	da Department	of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certi (Add	3.75 Filir fied Copy itional co osed)	<i>y</i>	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address			<u>Address</u>	is energical,
	endment Section			Iment Section	ma
	sion of Corporations Box 6327			on of Corporation	lio .
Tallahassee, FL 32314			Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

11 SEP 26 PH 3: 41

SECRETARY OF STATE

Early Intervention Success, Incorporated

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Inc.		For Profit Corporation adopts
A. If amending name, enter the new name of	the corporation:	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" or		
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or re		a, enter the name of the
new registered agent and/or the new regis Name of New Registered Agent:	tered office address:	
New Registered Office Address:	(Florida street address)	
-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position.		accept the obligations of the

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Medica Information Director	Katrina Marshall	523 Roserush Lane Jacksonville, FL 32225	☑ Add ☐ Remove
Secretary	Rebecca Rodriguez	2546 Chesterbrook Court Jacksonville, FL 32224	☑ Add ☐ Remove
Direct	Dana Kenjarski	6328 BLUE ASTER TRACE Summerfield, NC	☐ Add ☐ Remove
(attach addit	or adding additional Articles, enter chional sheets, if necessary). (Be specificated line))	nd state-
specific netw	ork of organizations, pediatricians,	, therapists, teachers and oth	ner
professional	s who have positively impacted and	d successfully provided servi	ces to children
with develop	mental disabilities, including but no	ot limited to Aspergers, Autis	m Spectrum
Disorder, Do	wn's Syndrome, ADHD, PDD and o	other global developmental c	lelays.
AMEND Artic	cle III: (B) Said organization is orga	anized exclusively for charita	uble, religious,
educational,	and scientific purposes, including,	for such purposes, the maki	ng of
distributions	to organizations that qualify as exe	empt organizations under Se	ction 501(c)(3)
of the Interna	al Revenue Code, or correspondino	g section of any future federa	al tax code.
In Article III,	please REMOVE the original purpo	ose - To provide parents a st	ate specific guide
to successfu	l early intervention professionals a	nd services for children with	Aspergers,
Autism, ADH	D, PDD and all developmental del	ays.	

ADD Article IX: DISSOLUTION

Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine which are organized and operated exclusively for such purposes.

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)

AMEND THE FOLLOWING OFFICER'S POSITION TO:

Title	Name	Address
Treasurer	Sarah Howse	6241 Pine Summit Drive
		Jacksonville, FL 32211

Position should be changed from Director to Treasurer.

The date of each amendmen	t(s) adoption: _	09/16/11
Effective date <u>if applicable</u> :		(date of adoption is required)
	(no m	ore than 90 days after amendment file date)
Adoption of Amendment(s)	Œ	CHECK ONE)
The amendment(s) was/we was/were sufficient for app		he members and the number of votes cast for the amendment(s)
There are no members or adopted by the board of di		ed to vote on the amendment(s). The amendment(s) was/were
hav	y the charman of ye not been selec	or vice chairman of the board, president or other officer-if directors acted, by an incorporator – if in the hands of a receiver, trustee, or the fiduciary by that fiduciary)
		Janelle M Glova Syped or printed name of person signing)
		President
		(Title of person signing)