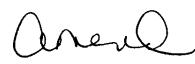
N 11000010178

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Orty/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

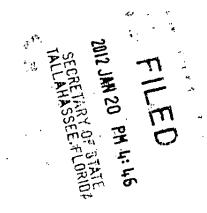
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Synapse H	louse, Inc
DOCUMENT NUMBER: N110000101	78
The enclosed Articles of Amendment and fee are submitt	
Please return all correspondence concerning this matter to	o the following:
Deborah Giesler	
(N	fame of Contact Person)
Synapse House	
	(Firm/ Company)
11822 Şkylake Place	
	(Address)
Temple Terrace, FL 3361	7
(C	ity/ State and Zip Code)
dmgiesler@gmail.o	r future annual report notification)
For further information concerning this matter, please cal	il:
Deborah Giesler	at (312 <u>217-8778</u> (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ple to the Florida Department of State:
Sample 1 \$35 Filing Fee & Sample 2 \$43.75 Filing Fee & Certificate of Status Certified (enclosed)	Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	enclosed) Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

2012 JAN 20 PM 4: 46

Synapse House, Inc

(Name of Corporation as currently filed with the Florida Dept. of State) N11000010178

SECRETARY OF STATE
TALLAHASSEE FLORIDS

ng

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporat		Florida Not For	Profit Corporation ad	lopts the followir
A. If amending name, enter the new na	me of the corporation:			
				The ne
name must be distinguishable and contain "Company" or "Co." may not be used in		r "incorporated"	or the abbreviation '	'Corp." or " Inc.
B. Enter new principal office address, i				
			<u></u>	
C. Enter new mailing address, if applied	cable:			
(Mailing address <u>MAY BE A POST</u> (<u></u>
D. If amending the registered agent and	d/or registered office add	ress in Florida, e	enter the name of the	<u></u>
new registered agent and/or the new	registered office address	<u>1</u>		
Name of New Registered Agent:				
	(Florida	street address)	.	`
New Registered Office Address:				
			. Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch				
I hereby accept the appointment as registe	ered agent. I am familiar i	with and accept to	he obligations of the p	osition.
Sign	nature of New Registered A	gent if changing	, <u></u>	

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	<u>PT</u>	John Do	<u>De</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	venuedi.			
2) Change Add Remove		_		
3) Change Add Remove		_		
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove		_		

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

Article III

The specific purpose for which this corporation is organized is:
a. To provide a rehabilitative day program for survivors of acquired brain injury.
b. Said organization is organized exclusively for charitable, religious, educational,
and scientific purposes, including, for such purposes, the making of distributions
to organizations that qualify as exempt organizations under section 501(c)(3)
of the Internal Revenue Code or corresponding section of any future federal tax code.
c. Upon the 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 disposed of shall be disposed of
by a Court of Competent Jurisdiction of the county in which the principal office of the organization
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.

The d	date of each amendment(s) adoption: January 17, 2012
Effec	tive date if applicable:
	(no more than 90 days after amendment file date)
Adop	otion 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 January 17, 2012
	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)
	Deborah Giesler
	(Typed or printed name of person signing)
	Director
	(Title of percon signing)