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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: BEFORE	THE HIT, INC
DOCUMENT NUMBER: NIZ DOCC	11/222
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	
Alberto Gama	alla
((Name of Contact Person)
	(Firm/ Company)
1000 T soda ()	\
	(Address)
Weston, FL	
((City/ State and Zip Code)
$m \mid l \mid m \mid$	
E-mail address: (to be used	for Oture annual report of fifeation)
For further information concerning this matter, please c	ealt:
Alberto Camarra	,, 054-804-4719
(Name of Contact Person)	at <u>Q54 - 804 - 4719</u> (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
X \$35 Filing Fee ☐ \$43.75 Filing Fee & □	□\$43.75 Filing Fee & □\$52.50 Filing Fee
Certificate of Status	Certified Copy Certificate of Status
	(Additional copy is Certified Copy
	enclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Eo

Articles of Incorporation of

BEFORE THE H	IT, INC		
(Name of Corporation as current		da Dept. of State)	
<u> </u>			
(Document Number	er of Corporation (if kn	own)	
Pursuant to the provisions of section 617.1006, Florida Statute: amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For</i>	Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corporati	on:		
SAVING YOUNG MINDS, INC- name must be distinguishable and contain the word "corporat	ion" av "inaornoratud"	" or the abbreviation "Corn"	The new
"Company" or "Co." may not be used in the name.	ion on incorporatea	on the distriction Corp.	or m.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA		
(Principal office address <u>MOST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable:	11/0		19
(Mailing address MAY BE A POST OFFICE BOX)	N. [H		
			
		<u>. </u>	. .
D. If amending the registered agent and/or registered offic	e address in Florida	anter the name of the	. P
new registered agent and/or the new registered office a		enter the name of the	ن ق
Name of New Registered Agent:	WLA		÷ 15
	ıFlo	rida street address)	
New Registered Office Address:			
***************************************		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered. I hereby accept the appointment as registered agent. I am fan		he obligations of the position	
Si	gnature of New Registe	ered 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> <u>Y</u> <u>SV</u>	John Do Mike Jor Sally Sm	<u>nes</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				- "
Add		_		
Remove				
Kemove				
4) Change		_		
Add				
Remove				
				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	sary). (Be specific)		
· · · · · · · · · · · · · · · · · · ·		 	
		 	
<u>,,,</u>		 	
		 	

April	
The date of each amendment(s) adoption:	if other than the
Effective date <u>if applicable</u> : (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.	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 4 30 19	
Signature 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)	
Alberto Gamarra	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	