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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Why Def | ine US? INC | <u>, </u> |
|--|--|--|
| O | | |
| DOCUMENT NUMBER: <u>N12000 i</u> | 1604 | |
| The enclosed Articles of Amendment and fee are su | bmitted for filing. | |
| Please return all correspondence concerning this ma | tter to the following: | |
| Rache | DiBenedett (Name of Contact Person | TO |
| | (Name of Contact Person | 1) |
| Whys | Define US7 I | <u> </u> |
| | (Firm/ Company) | |
| | | |
| 3306 W |). San Jose St | |
| | (Address) | |
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| Tam | pa, FL 3362 (City/ State and Zip Cod | 9 |
| | (City/ State and Zip Cod | e) |
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| rad | red di 660 Gmail sed for future annual report | 1- com |
| E-mail address: (to be us | sed for future annual report | notification) |
| For further information concerning this matter, plea | se call: | |
| | | |
| _ Rachel DiBenedetto | at (<u>813</u> | 1 992-8562 |
| (Name of Contact Person) | (Area C | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made | payable to the Florida Depa | artment of State: |
| □ \$35 Filing Fee □\$43.75 Filing Fee | & □\$43.75 Filing Fee & | \$52.50 Filing Fee |
| Certificate of Statu | s Certified Copy | Certificate of Status |
| | (Additional copy is | Certified Copy |
| | enclosed) | (Additional Copy is Enclosed) |
| | | - , |
| 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

| (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, Florida Statutes, this <i>Florida Not For Profit Corporation</i> amendment(s) to its Articles of Incorporation: | on adopts the following | ţ |
| A. If amending name, enter the new name of the corporation: | | |
| name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviat "Company" or "Co." may not be used in the name. | The new ion "Corp." or "Inc." | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 三年の発見 |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of | f the | FINKY OF SIME |
| new registered agent and/or the new registered office address: | <u> </u> | |
| Name of New Registered Agent: | | |
| (Florida street address) New Registered Office Address: | | |
| , 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 | | |

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 sheels, 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: XChange X Remove X Add | <u>V</u> <u>Mik</u> | n <u>Doe</u> te <u>Jones</u> y <u>Smith</u> | |
|---------------------------------|---------------------|---|----------------------------|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | P | Jaclyn R Ancona | 4908 New Providence |
| Add | | • | AVE. Tampa, FL |
| _X_ Remove | | | 33629 |
| 2) Change | | Shannon M DiBene | detto 3306 W. San Juse St. |
| X Add | | | Tampa, FL 33629 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| attach ada | <mark>ng or adding</mark> litional sheets | s, if necessary). | (Be specific |) | | | | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|---------------------|
| date this document was signed. | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| 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 4/3/14 | |
| Signature Rechel Deneder | |
| (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) | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |