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JUN 07 2016 R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: E 2 + th (	Consciousn	ess Sanctuary, Inc
DOCUMENT NUMBER: N1400(	000594	'3
The enclosed Articles of Amendment and fee are sub-	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Josquin Windhar	<b>-^</b>	
U	(Name of Contact Person)	1
Earth Consciousnes	s Sznetuz	ry, Inc.
•	(Firm/ Company)	
8510 N Armenia	Ave Apt	1911
	(Address)	
Tampa FL 336	504	
	(City/ State and Zip Code	)
jozquinwindhze	n@gmzil.	cam
E-mail address: (to be used	for future annual report n	otification)
For further information concerning this matter, please	call:	
Jozquin Windham (Name of Contact Person)	at 🖇	13 494 0668 a Code) (Daytime Telephone Number)
(Name of Contact Person)	(Are	a Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depar	tment of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street A	
Amendment Section		nent Section
Division of Corporations P.O. Box 6327		of Corporations Building
Tallahassee, FL 32314		ecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

***	3	i	 ; ;
ź	į	<u>L</u>	 <u>:</u>

**Articles of Incorporation** Ezrth Consciousness Sznetuzr (Name of Corporation as currently filed with the Florida Dept. 10f S (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: 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

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		Doe : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	Name .	<u>Addres</u> s
1) Change	D	Thomas Windham	12745 N Armenia Ave
Add			Tampa FL 33614
Remove			11-12-13-13-13-13-13-13-13-13-13-13-13-13-13-
2) Change		<del></del>	
Add			
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			·
Remove			

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

The date of each amendment(s) adoption: 10/30/2015 late this document was signed.	, 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 no document's effective date on the Department of State's records.	ot be 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 5/22/2016	
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)	_
Josqu'in Windham (Typed or printed name of person signing)	
Secretary, Treasurer, Chairperson of the B	iorrd