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And

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Motherhood In Eden Inc					
DOCUMENT NUMBER: N14000010046					
The enclosed Articles of Amendment and fee are subm	mitted for filing.				
Please return all correspondence concerning this matter to the following:					
Hector Mariano Nevarez					
	(Name of Contact Person	n)			
	(Firm/ Company)				
600 NE 36th Street AF	PT 804				
-	(Address)				
Miami, FL 33137					
	(City/ State and Zip Code	e)			
HNevarez@outle					
For further information concerning this matter, please	•	ouncation)			
Hector Nevarez		915-5094 de & Daytime Telephone Number)			
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)			
Enclosed is a check for the following amount made pay	yable to the Florida Depa	rtment of State:			
□ \$35 Filing Fee □\$43.75 Filing Fee & 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building kecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

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Motherhood In Eden Inc

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

N14000010046

TALLAMASSME, JEONDA

Pursuant to the provisions of section 617.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following:
A. If amending name, enter the new name N/A	of the corporation:
name must be distinguishable and contain the "Company" or "Co," may not be used in the	e word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE	pplicable: N/A
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	
D. If amending the registered agent and/or new registered agent and/or the new reg	r registered office address in Florida, enter the name of the gistered office address:
Name of New Registered Agent:	I/A
	(Florida street address)

(Document Number of Corporation (if known)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

N/A

Signature of New Registered Agent, if changing

Florida_N/A

(Zip Code)

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	PT V SV	John Do Mike Jo Sally Sn	nes	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
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)

Currently the Purpose statement is as follows:
"Achieving Mother/Baby bliss. Through breastfeeding
education, support, and awareness."
The purpose statement needs to be changed as follows:
"The organization is organized exclusively for charitable,
educational, and scientific purposes under Section 501(c)(3)
of the Internal Revenue Code, or corresponding section of
any future federal tax code. Achieving Mother/Baby bliss.
Through breastfeeding education, support, and awareness."

The date of each amendment	• • • • • • • • • • • • • • • • • • • •	, if other than the
date this document was signed Effective date <u>if applicable</u> :	N/A	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated 11/	/10/2014	
Signature		
(By the	chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	_
Hector	r Nevarez	
	(Typed or printed name of person signing)	
Presid	ent	
	(Title of person signing)	