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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION	What's On Your Mir	nd - Brain Training & Tu	toring Corp).
DOCUMENT NUMBER:	EIN- 47-2439396	N14000	0100	137
The enclosed Articles of Am	nendment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
Dr Fabian Redler				
		(Name of Contact Perso	n)	
What's On Your Mind - Bra	in Training & Tutoring C	orp.		
		(Firm/ Company)		
3340 N 34th St.				
		(Address)		
Hollywood, FL. 33021				
		(City/ State and Zip Cod	e)	
drfabian@woym.net				
E	-mail address: (to be used	for future annual report	notification	n) .
For further information conc	erning this matter, please	call:		
Dr Fabian Redler				
	(Name of Contact Person) at (A.	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida Depa	artment of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Mailing Address Amendment Section			Address	ion

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of

What's On Your Mind - Brain Training & Tutoring Corp

- That soft Total White Drain Halling & Patroling	Согр	,		
(Name of Corporation a	is current	tly filed with the Fl	orida Dept. of State)	
47-2439396 NIC	1-2439396 NIL 600010937			
(Docume	ent Numbe	er of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	da Statute	s, this <i>Florida Not F</i>	For Profit Corporation adopts the	ne following
A. If amending name, enter the new name of the only N/A	<u>corporati</u>	on:		•
				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporat	ion" or "incorporat	ed" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicab	le:	N/A		52
(Principal office address MUST BE A STREET AD				1
,				<u>,</u> ~
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		70
				· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registe	ered offic	e address in Florid	a, enter the name of the	
new registered agent and/or the new registered	d office a	ddress:		
Name of New Registered Agent:	N/A			
-	(Florida street address)			
New Registered Office Address:			,	
1	N/A		, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing Re	gistered .	Agent:		
I hereby accept the appointment as registered agent.			ot the obligations of the position	•
		NA		
	Si	gnature of New Regi	stered 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 <math>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 John De V Mike Jo SV Sally Si	ones	NA	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	N/ 1	Address
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)

PLEASE CHANGE THE LANGUAGE OF OUR "ORGANIZING DOCUMENT" TO THE FOLLOWING
What's On Your Mind - Brain Training & Tutoring Corporation 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 described under Section 501 (c) 3 of the Internal Revenue Code, or corresponding section of any future
federal tax code.
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 in 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.

Γĥe	date of each amendment(s) adoption	l:	, if other than the
late	e this document was signed.	•	
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this block doe ument's effective date on the Departme	es not meet the applicable statutory filing requirements, this date will not ent of State's records.	be listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	
	There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were	
	Dated 07/21/15	(S):	
	Signature /	XC 3	
	have not been sele	rvice chairman of the board, president or other officer-if directors cted, by arr incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)	
	Dr Fabian Redl	ег	
		(Typed or printed name of person signing)	
	President		
		(Title of nerson signing)	