N15000001617

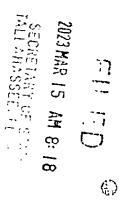
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Branches Natural	Learning Inc.	
N15000001617 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are se	ibmitted for filing.	
Please return all correspondence concerning this ma	utter to the following:	
Kimberley Polce		
	(Name of Contact Person)	
	(Firm/ Company)	
1942 Horse Shoe Bend Rd.		
	(Address)	
Dunedin, FL 34698		
	(City/ State and Zip Code)	
andypolce@gmail.com		
E-mail address: (to be us	ed for future annual report notifica	tion)
For further information concerning this matter, plea	se call:	
Andrew Polce	727 at	
(Name of Contact Pers	on) (Area Cod	e) (Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Department	of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy Ce (Additional copy is cenclosed) (Additional copy is cenclosed)	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is aclosed)
Mailing Addrage	Carrina a dalana	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

211	
20/24.	(C)
2023 MAR 15 AM 8:18	
TALLAHIAN DO AM 8: 18	

Branches Natural Learning Inc.

Name of Corporation as currently filed with the	Florida Do	ept. of State)	LAHERT OF 18
N15000001617			38877
(Docume	nt Number	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes	, this <i>Florida Noi</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporatio	<u>on:</u>	
The HOB Giveback Inc.			The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	"corporation	on" or "incorpore	
B. Enter new principal office address, if applicable	le:	NA	
(Principal office address <u>MUST BE A STREET AD</u>			
	-		
	_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x</u>)	NA	
	_		
D. If amending the registered agent and/or registe	ered office	address in Flori	da, enter the name of the
new registered agent and/or the new registered	i office ad	<u>dress:</u>	
Name of New Registered Agent:	۸۸ 	<u> </u>	
_			
New Registered Office Address:			(Florida street address)
· · · · · · · · · · · · · · · · ·	۱A		
_		(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Re	oistered A	aent.	
hereby accept the appointment as registered agent.	I am fam	iliar with and acc	ept the obligations of the position.
-		. CN D	
	<u> અ</u>	nature of New Reg	gistered 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	PT John De V Mike Je SV Sally Se	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u>D</u>	Richard Clemo	1012 Melean St. Dunedin, FL 34698
Remove 2) Change Add	<u>D</u>	Dana Aguilus	1012 Mclean St. Dunedin. FL 34698
X Remove 3) Change Add Remove	<u>T</u>	Beverly Taylor	795 CR - 1 Lot 155 Palm Harbor, FL 34683
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add		-	
E. If amending or addin (attach additional sheet		cles, enter change(s) here: (Be specific)	

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		•		
	March 10, 2023			
The date of each amendment(s) adoption: date this document was signed.				, if other than the
Effective date <u>if applicable</u> :				
(n	o more than 90 days af			
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable	statutory filing requi	rements, this date will no	ot be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	3/10/2023
Dated	
Signatu	
	(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)
	Kimberley Polce
	(Typed or printed name of person signing)