

N15000003253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

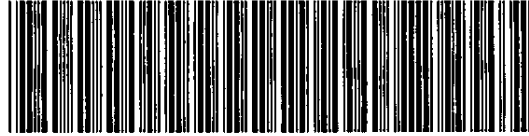
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600277700196

*Name Change  
& Amend*

10/05/15--01045--013 \*\*52.50

FILED  
2015 OCT 23 PM 4:09  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

OCT 23 2015  
A RAMSEY

*X 00789, 02545, 02976, 00524,  
001671*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ABUNDANCE EDUCATION INC.

DOCUMENT NUMBER: N15000003253

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEAN BUTLER

(Name of Contact Person)

AWAKENING ME INC.

(Firm/ Company)

11711 SW 1ST ST.

(Address)

CORAL SPRINGS, FL 33071

(City/ State and Zip Code)

scan@amtrainings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN BUTLER

813

486-6433

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|--|---|--|---|

Already paid and checked has been cashed.

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 9, 2015

Sean Butler  
Abundance Education Inc  
11711 SW 1st St.  
Coral Springs, FL 33071

SUBJECT: ABUNDANCE EDUCATION INC.  
Ref. Number: N15000003253

We have received your document for ABUNDANCE EDUCATION INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P14000039937.

Please delete the wording on page 3 section E about attaching new articles of amendment with the new letterhead. You would have to file amended and restated articles if you wish to go through and list each article again.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 215A00021349

RECEIVED  
OCT 29 AM 9:53

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

ABUNDANCE EDUCATION INC.

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

N15000003253

(Document Number of Corporation (if known))

2015 OCT 23 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

AWAKENING ME INC.

*The new 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:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(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*



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

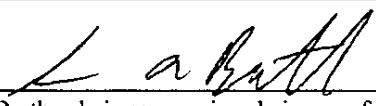
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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 10/17/15 \_\_\_\_\_

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)

SEAN BUTLER  
\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT/ DIRECTOR  
\_\_\_\_\_  
(Title of person signing)