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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	UMANITY, INC	
N15000004012 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are subm	uitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Michelle Berglund-Harper, Esq.		
	(Name of Contact Person)	
Murphy & Berglund, PLLC		
	(Firm/ Company)	
1101 Douglas Ave. Suite B		
	(Address)	
Altamonte Springs FL, 32714		
((City/ State and Zip Code)	
michelle@murphyberglund.com		V
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please of	eall:	
Michelle Berglund-Harper, Esq.	407 86 at	55-9553
(Name of Contact Person)		aytime Telephone Number)
Enclosed is a check for the following amount made pay	able to the Florida Department of State	:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Fil Certified Copy (Additional copy is enclosed)	of Status Copy Il Copy is
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle

Articles of Amendment to Articles of Incorporation of

A SOCIETY FOR HUMANITY, INC

(Name of Corporation	ı as currently filed with the Florida Der	ot. of State)
N15000004012		
(Docum	ment Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica	shie:	と
(Principal office address <u>MUST BE A STREET A</u>		
		<u> </u>
		<u> </u>
C. Enter new mailing address, if applicable:		95 4
(Mailing address MAY BE A POST OFFICE	BOX)	1E 56
		
D. If amending the registered agent and/or regi	stered office address in Florida, enter tl	ne name of the
new registered agent and/or the new register		
Name of New Registered Agent:	Michelle Berglund-Harper, Esq.	\checkmark
	1101 Douglas Ave. Suite B	
	(Florida stre	et address)
New Registered Office Address:		,
	Altamonte Springs	. Florida 32714
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		gations of the position.
(mobile Lan	KN
	Signature of New Registered Ag	ent, 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: XChange X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	DPT	Ashta Harrilall	8861 Della Scala Circle
x Add			Orlando, FL 32836
Remove			
2) x Change	DS	Saul Castelar	Residencial Santa Elena 1
Add			Senda 4, Casa 10
Remove			Antiguo Cuscatlan, El Salvador
3) X Change	DVP	Kevin Harrilall	8861 Della Scala Circle
Add			Orlando, FL 32836
Remove			
4) Change	PVPT	Ashta Singh	6965 PIAZZA GRANDE AVE.
Add			#414
x Remove			ORLANDO, FL 32835
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

lf amending or adding additional Art attach additional sheets, if necessary).	(Be specific)			
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			<u></u>	
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	date of each amen this document was		option:	, if other than the
Effe	ective date <u>if applic</u>	able:	(no more than 90 days after amendment file date)	
			ck does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
Add	option of Amendme	ent(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficien		opted by the members and the number of votes cast for the amendment(s)	
	There are no membadopted by the boa		ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
	Dated	October 25,	2016	
	Signature	Py ha shair	man or vice chairman of the board, president or other officer-if directors	
	(have not bee	n selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
		Ashta Ha	rrilall	
		-	(Typed or printed name of person signing)	
		President	, Treasurer, Director	
		-	(Title of person signing)	