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| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE TALLAHASSEELFLORIDA

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C. CARROTHERS

COVER LETTER

44 TO: Amendment Section Division of Corporations NAME OF CORPORATION: NOUVIShing Young Minds, Inc. DOCUMENT NUMBER: <u>N 15 000008 17 7</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shnerby (Name of Contact Person) Nourishing Young (Firm/ Company) 6844 S. Conaress Lake Worth, FL 33462 (City/ State and Zip Code) Shuteau @ nourishingunung minds. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee □ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed)

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

Articles of Amendment to Articles of Incorporation of

| Nourishing Young Minds, | Inc. | | | | | | _ |
|--|------------------|--------------------|--------------|--------------------|------------------|------------|---------------------|
| (Name of Corporation as c | currently | filed with | the Flori | da Dept. of St | ate) | | |
| N15000008177 | | | - | | | | |
| (Document | t Number | of Corpora | ation (if kn | own) | | | |
| Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation: | Statutes, | this <i>Floria</i> | la Not For | Profit Corpor | eation adopts th | ne followi | ng E |
| A. If amending name, enter the new name of the cor | <u>rporation</u> | <u>ı:</u> | | | | Zhe-ne | ייבט _א ו |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | • | n" or "inc | orporated' | or the abbre | viation "Corp. | " de The. | A AM B |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR | | | | | | AUE. | 2. 2.9 |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> | X) | | | 10 | | | _ _ _ |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered of | | | Florida, e | enter the nam | e of the | | _ |
| Name of New Registered Agent: | | | | | | | _ |
| New Registered Office Address: | · | | (Flo. | ridu street addres | rs) | | _ |
| | | | | | Florida | | |
| - | | (City) | | | (Zip Code) | | _ |
| New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I | | | nd accept t | he obligations | of the position | ı. | |
| | Sign | nature of N | lew Registe | red Agent, if c | hanging | | _ |

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 Add | <u>V</u> <u>Mik</u> | n <u>Doe</u> e <u>Jones</u> y <u>Smith</u> | |
|--------------------------------|---------------------|--|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change Add Remove | _D | Joann Benjamin | Fort Landerdate, FL 33319 |
| 2) Change Add Remove | <u> </u> | Sasha Guslyayev | ble9 NW 38th Circle Boca Raton FL, 3343i |
| 3) Change Add Remove | | Gaetan Sanon | 1112 Green Pine Blvd, Apt. B2 West Palm Brach FL,33409 |
| 4) Change Add Remove | | , <u></u> | |
| 5) X Change. Add Remove | <u>CFO</u> | Frene! Buteau | Lake Worth FL, 33462 |
| 6) Change Add Remove | | | |

| <u>If amending or adding ac</u> attach additional sheets, ij | necessary). (l | Be specific) | sy nere. | | | |
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| | date of each amendment(s) this document was signed. | adoption: <u>Jan. 15</u> , 2016 | , if other than the |
|------|---|---|---|
| Effe | ective date <u>if applicable</u> : | | |
| | | (no more than 90 days after amendment file dat | te) |
| | | plock does not meet the applicable statutory filing require Department of State's records. | ements, this date will not be listed as the |
| Ada | option of Amendment(s) | (CHECK ONE) | |
| | The amendment(s) was/were was/were sufficient for appro | adopted by the members and the number of votes cast forval. | or the amendment(s) |
| × | There are no members or me adopted by the board of dire | mbers entitled to vote on the amendment(s). The amendators. | ment(s) was/were |
| | | n, 19, 2016 | |
| | Signature | hmerly buteau. | |
| | have not | airman or vice chairman of the board, president or other open selected, by an incorporator – if in the hands of a rest appointed fiduciary by that fiduciary) | |
| | | Shnerby Butlay (Typed or printed name of person signi | ing) |
| | | Owner CEO (president) (Title of person signing) | |