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3/24/21

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Love Serving Autism N:	1				
DOCUMENT NUMBER:	N16000007733					
The enclosed Articles of Am	endment and fee are subr	nitted for filing.				_
Please return all corresponde	ence concerning this matte	r to the following:				
Lisa Pugliese						
	·· · · · ·	(Name of Contact	Person)			_
Love Serving Autism						
•		(Firm/ Compa	ny)			_
11231 US Hwy 1 #158						
7.75; B - 7.100		(Address)				
North Palm Beach, FL 3340	8					
		(City/ State and Zi	p Code)			_
Lisa@loveservingautism.or	g					
Е	-mail address: (to be used	for future annual r	eport notific	ation	<u>n)</u>	
For further information conc	erning this matter, please	call:				
Lisa Pugliese		:	561		331-1903	
	(Name of Contact Person)		(Area Co	de)	(Daytime Telephone Number)	_
Enclosed is a check for the f		•	-	it of S	State:	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fe Certified Copy (Additional copy enclosed)	7 IS — C	Certifi Certifi	D Filing Fee icate of Status ied Copy is used)	
Mailing Address		<u>s</u>	treet Addr	ess S		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

[] [] [] [] 2021 FEB -8 PM 7:41

Love Serving Autism, INC.

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

SECRETIRY OF STATE

N16000007733		140.22.145
(Document N	umber of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oranon or incorporatea	or the appreviation Corp. or Inc.
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>)	
		10-22-7-2-17-20-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		enter the name of the
Name of New Registered Agent:		
	(Flo	rida street address)
New Registered Office Address:		
	(Cia.)	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I av		he oblivations of the position.
in the state of th	,	The Garage of Manager of Teachers and Teache

Signature of New Registered 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>s</u>	Bridget Beer	1760 Corsica Dr.
Add			Wellington, FL 33414
x Remove			
2) Change	<u>T</u>	Jane Reid Sylvester	720 Clubside Dr.
Add			Roswell, GA 30076
x Remove			
3) Change	<u>S</u>	Laura Fanelli	1650 Mount Pleasant Road
x Add			Unit A
Remove			Villanova, PA 19085
4) Change	Т	Thomas Pidgeon	551 Anchor Pt.
<u>x</u> Add			Delray Beach, FL 33444
Remove			
5) Change	P	Lisa Pugliese	5237 Bolero Circle
xAdd			Delray Beach, FL 33484
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)				
/ A					
					
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The	date of each amendment(s) ad	option:	, if other than the
date	this document was signed.		
Effe	2/2/2 ective date <u>if applicable</u> :	1	<u></u>
	 -	(no more than 90 days after amendment file date)	
	e: If the date inserted in this blo ument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will no partment of State's records.	ot be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes east for the amendment(s) l.	
	There are no members or membadopted by the board of directed	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
	Dated 2/2/21		
	Signature	Pughese	
	have not bee	man or wee chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
	Lisa Pug	liese	
		(Typed or printed name of person signing)	
	Founder	& CEO	
		(Title of person signing)	

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