N17000000 173

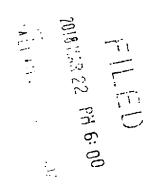
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COVER LETTER

TO: Amendment Section Division of Corporations

Maximizing Autistic Childrens Success Corp NAME OF CORPORATION:
N17000000173
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sarah Riggs
(Name of Contact Person)
Heart of Gold for Autism, Fashion for Autism Corp.
(Firm/ Company)
1321 NW 93 Street
(Address)
Miami, Florida 33147
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is 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

Maximizing Autistic Childrens Success Corp (Name of Corporation as currently filed with the Florida Dept. of State) N17000000173 (Document Number of Corporation (if known) 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: Heart of Gold for Autism, Fashion for Autism Corp. 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: (Florida street address) New Registered Office Address: _. Florida __ (Zip Code) (City) 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

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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jon Sally Sm	nes	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		·
Add				
Remove				
2) Change				
Add		_		1
Remove				
3) Change				
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Add				-
Remove				
4) Change		_		
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Remove				
5) Change		_		
Add				
Remove				
6) Change				
		-		
Add				
Remove				

		(Be specific)					
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The date of each amendment(s) adoptate this document was signed.	otion:	if other than the
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Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depa	does not meet the applicable statutory filing requirements, this date will rtment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	
adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 3/03/2019		
Signature		.
have not been	an or vice chairmant of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary) PAH (Typed or printed-name of person signing)	
P	RESIDENT	

(Title of person signing)