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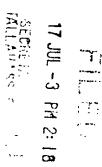
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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	NSTITUTE, INC.		··-
DOCUMENT NUMBER:	N17000003039			
The enclosed Articles of Ar				
Please return all correspond	lence concerning this matter	r to the following:		
TAMELA STULTS-WAG	NER			
·		(Name of Contact Per	son)	
WAGNER LAW FIRM				
	·	(Firm/ Company)		
740 S FEDERAL HWY #2	17			
		(Address)		
POMPANO BEACH, FL 3	3062			
	((City/ State and Zip C	(ode)	
WAGNERLAW@COMCA	ASTINET			
	E-mail address: (to be used	for future annual repo	ort notification	
For further information con	cerning this matter, please of	call:		
T. WAGNER		at	954	560-8000
Thursdayou.	(Name of Contact Person)	at	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pay	yable to the Florida D	epartment of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	0 Filing Fee scate of Status sed Copy tional Copy is seed)
3 f th:	A -4 -4	£4		

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

LUNG-FRIENDLY INSTITUTE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N17000003039 (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: National Indoor Air Wellness Institute, Inc. 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 (City) (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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and	d 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 Doc 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>V</u> <u>N</u>	ohn Doe like Jones ally Smith			
Type of Action (Check One)	Title	Name		<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change					
Add					
Remove					
3) Change				· · · · · · · · · · · · · · · · · · ·	
Remove					
1) Chango					
4) Change					
Add					·
Remove				-	
5) Change			_		
Add					
Remove					
6) Change					
Add					
Pomova					

(atta	mending or a	sheets, if r	necessary,). (Be sp	vecific)								
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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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the members and the number of votes east for the amendment was/were sufficient for approval.	n(s)
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.	re
Dated June 29, 2017	
Signature Signature	
(By the chairman or vice chairmán of the board, president or other officer-it directe have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)	
Tamela Stults-Wagner, J.D.	
(Typed or printed name of person signing)	17 JUL
President	
(Title of person signing)	