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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Pain 2 Purpose,	Inc.		
N17000004346			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following	:	
Shandaneka Roberts			
	(Name of Contact	Person)	
Pain 2 Purpose, Inc.			
	(Firm/ Comp	any)	
P.O. Box 700909			
	(Address))	
Miami, Fl. 33170			
	(City/ State and Z	ip Code)	
info@pain2purposc76.org			
E-mail address: (to be	used for future annual	report notificatio	n)
For further information concerning this matter, ple	case call:		
Shandaneka Roberts		305 at	791-3417
(Name of Contact Per	rson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount mac	le payable to the Floric	la Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Stat		Certit y is Certif	0 Filing Fee leate of Status led Copy tional Copy is used)
5.5 Oliver A.H.J.,		Carrona & alabamo.	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Pain 2 Purpose, Inc.

to Articles of Incorporation of

FILED

(Name of Corporation as currently filed with the Flo	orida Dent. of State)	SECONS AM 9: 20
N17000004346	origa Dept. or Sta <u>te</u>)	SECRETARY
(Document	Number of Cornoration	SECRETARY OF STATE On (if known) HASSEE, FL
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida	Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
	<u> </u>	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incor _l	porated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	(RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	V)	
	<u></u>	
		·
D. If amending the registered agent and/or register		lorida, enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		
Nava Paristrana I (MS on Addison		(Florida street address)
<u>New Registered Office Address:</u>		
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.—I		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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>T</u>	D'Mychal Norwood	P.O. Box 700909 Miami, Fl. 33170
X Remove			
2) Change Add	<u>T</u>	Shawn Jarrett	P.O. Box 700909 Miami, Fl. 33170
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
			-
			. .

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The date of each amendment(s) adoption:ate this document was signed.	, if other than the
Effective date <u>if applicable</u> : 1/12/2021 (no more than 90 days after amendment f	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

Dated	1/12/2021
Dated	A 1 2
Signatur	: Daher
	(By the €hairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Shandaneka Roberts
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing) President