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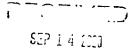
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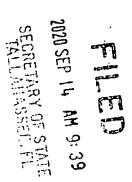
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10/23/20 Oh

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: AWAKENINGS HOUSE INC 18000006789 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AMY KILEDRE / CARLA SWE
(Name of Contact Person) 33 PARK ST ACKSONVILLE, HORIDA Awakeningshouseinfo (a gmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee \$\square\sq □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

FILED

2020 SEP 14 AM 9: 39

N18000006789

SECRETARY OF STATE TALLAHASSEE, FI

	101000010	
(Documen	nt Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	
B. Enter new principal office address, if applicable	e:	
(Principal office address <u>MUST BE A STREET AD</u>		
	 	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
		
D. If amending the registered agent and/or registe		enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:		
	··· ····	
New Registered Office Address:	(Flo	orida street address)
		r::1.
-	(City)	, Florida (Zip Code)
	•	(-4-4-4-4)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Registe	ered 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 D Y Mike J SV Sally S	<u>ones</u>		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) X Change Add		CAPLA SWEENEY	1913 MCGIRTS POINT BLUD JAY, FL. 32001	
Remove			JAY, P. 32001	
2) Change Add				
Remove 3) Remove Add Remove				
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
				

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	If office that the
Effective date if applicable:	o more than 90 days after amendment file date)
(ne	o more than 90 days after amendment file date)
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)

7	There are no mem adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
	Dated	9/11/20
	Signature	
		(By the chairman 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)
		CAPLA SWEENEY
		(Typed or printed name of person signing)
		VICE PRESIDENT
		(Title of person signing)