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SECRETARY OF STATE

Jame Chands

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Transforming Our Practice, Inc. DOCUMENT NUMBER: <u>N/900000</u> 8235 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michellea Millis
(Name of Contact Person) Transfirming Our Practice for Garrieville, FL 32606 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michellea Mulio at 913 - 392-8033 (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:

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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

■\$52.50 Filing Fee

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Articles of Amendment

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to
Articles of Incorporation of

	urrently filed with the Flor	rida Dept. of State)	-
N 19 0000	REGRI		
(Document)	Number of Corporation (if k	nown)	_
Pursuant to the provisions of section 617,1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following	ng
A. If amending name, enter the new name of the corp	poration:		
Brown STEM, Inc.	<u> </u>		
name must be distinguishable and contain the word "cor	rporation" or "incorporated	The new	и'
'Company" or "Co." may not be used in the name.	The companies of the co	or the universation Corp. or the.	
3. Enter new principal office address, if applicable:	Same		
Principal office address MUST BE A STREET ADDR.	ESS)	•	-
			- ₹
		<u>ඉ</u> 	'ن : ز:
Enter new mailing address, if applicable:		-	شد درد
(Mailing address MAY BE A POST OFFICE BOX)	Same	c +	
		כד	رن ارد
			P)
		<u>. </u>	Ã
. If amending the registered agent and/or registered	office address in Florida	enter the number of the	Ö
new registered agent and/or the new registered off	ice address: Samo	the name of the	7ħ
Name of New Registered Agent:	3776		
The state of the s			
	- Chile	enter de unit and format	
New Registered Office Address:	(Flos	nda street address)	
New Registered Office Address:	(Flor		
New Registered Office Address:	(Flor		
	(City)	Florida	
ew Registered Agent's Signature, if changing Registe	(City)	Florida (Zip Code)	
	(City)	Florida (Zip Code)	

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: Same (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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officeridirector 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 John Doe X Remove Mike Jones X Add Sally Smith Type of Action Title <u>Name</u> Address (Check One) 1) ____ Change ____ Add ____ Remove 2) ____ Change ____ Add ____ Remove 3) ____ Change ___ Add .___ Remove 4) ____ Change ____ Add _ Remove 51 ____ Change ___ Add _ Remove 6) ____ Change ___ Add

___ Remove

If amending or adding additional Artinuch additional sheets, if necessary).	(Be specific)	cuphe	
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The date of each amendment(s) adoption: 7/3 / 2019 date this document was signed.	, if other than th
Effective date if applicable: 9/5/2019	
(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 document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the a was/were sufficient for approval.	mendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s adopted by the board of directors.) was/were
Dated $\frac{10/8/2019}{}$	
Signature	
(By the chairman or vice chairman of the board, president or other officer- have not been selected, by an incorporator — if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	if directors trustee, or
Michellea Millis	
(Typed or printed name of person signing)	·····
Founder/CEO	