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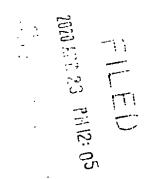
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TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Vibration 432, Inc NAME OF CORPORATION: _ 60,000 96,28 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: /S35 Filing Fee □S43.75 Filing Fee & □S43.75 Filing Fee & □Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

The as

Vibration 432, Inc

(Name of Corporation as currently filed with the Florid	la Dept. of State)	
N19000009628		· .
(Document Nu	imber of Corporation (if ki	nown)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation.	atutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	<u>(SS</u>)	
	- tt	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered		enter the name of the
new registered agent and/or the new registered offi N/A	ce address:	
Name of New Registered Agent:		
New Registered Office Address:	(F)	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I ar		the obligations of the position.
	C. CAL B.	I I a difference
	Signature of New Regist	erea 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 Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
		onal Articles, enter change(s) here: essary). (Be specific)	
Amendment to Aricle III	of the Ai	rticles of Incorporation:	
The purpose of this organ	nization is	s to improve teh lives of first responsers affected by	Post Traumatic Stress Disorder (PTSD)
by inspiring them to expl	ore their	creativity and motivate these individuals to unleash	their artistic talents to create artwork
utlilizing a variet of med	ums. Ou	goal is to enrich teh lives of first responders that a	e suffering from PTDS to help
them express themselves	creativel	v while bringing awareness to this very serious and	widespread mental illness that

impacts the luves of so many first re	sponders, including firefighters, police o	fficers, EMT's, paramedics, di	spatchers and
air medics.	<u> </u>		
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date this document was signed.	option:		, if other than the
Effective date if applicable:			
	(no more than 90 days after amend	lment file date)	
<u>Note:</u> If the date inserted in this blo document's effective date on the Do	ck does not meet the applicable statutory partment of State's records.	filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were a was/were sufficient for approv	lopted by the members and the number oil.	f votes cast for the amendment	(s)

•	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated	April 20, 2020
Signatur	e AND
	(By the chairman of 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)
	Jili DiSalvo
	(Typed or printed name of person signing)
	president
	(Title of person signing)