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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Back on Track Employment Services, Inc.
DOCUMENT NUMBER: N1900009983
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacqueline K. Murray (Name of Contact Person)
Back on Track Employment Services, Inc.
221 Burning Tree Drive
KISSIMMER, FLORIDA 34743 (City/State and Zip Code)
F-mail alldress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jacqueline k. Murray at (407) 552-7473 (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:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee S52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Back on Track Em	ploament Services. Inc.
	only filed with the Florida Dept. of State)
N 19 00000 999	27
	5.5
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
NIA	 The ne
name must be distinguishable and contain the word "corpora	
"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	, N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A-
	/
EN EF	TO The state of th
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:	
	N//A
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 fa	
	NIA
	Signature of New Registered Agent, if changing

	O = Chief Financ	Treasurer: S= Secretary: D= Director: TR= Tricial Officer. If an officer/director holds more thould be PTD.	
	leaves the corpor	ng manner. Currently John Doe is listed as the vation, Sally Smith is named the V and S. These with, SV as an Add.	
Example: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u>Ceo</u>	Toqueline K. Murray	221 Burning Tree I Kissimmer, 196 Bit.
2) Change Add Remove	_D_	Brianna Godivin	402 SIMPSON ROO KISSIMNIEE, FL 34
3) Change Add Remove			
4) Change Add Remove			
51 Change Add Remove			
6) Change Add			
Remove		Page 2 of 4	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title,

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

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The date of each amendment(s) adoption: September 25, 2019 if other late 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 will not be listed 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.
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 9/25/19
Signature Act full L. Muse. (By the chairmen 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)
Tacqueline K. Murrall (Typed or printed name of person signing)
CEO (Title of person signing)