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| (Requestor's Name) | |
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COVER LETTER

TO: Amendment Section **Division of Corporations**

| NAME OF CORPORATION | Guardians of Extraord | mary Minds Inc. | | |
|-----------------------------------|--|---|--------------------|--|
| DOCUMENT NUMBER: | | | | |
| The enclosed Articles of Amen | dment and fee are subm | itted for filing. | | |
| Please return all correspondence | e concerning this matter | to the following: | | |
| Amanda Littiken | | | | |
| | (| Name of Contact Pe | rson) | |
| Guardians of Extraordinary Mi | nds Inc. | | | |
| | | (Firm/ Company |) | |
| 13530 Sendcastle Drive | | | | |
| | | (Address) | | |
| Groveland, Fl 34736 | | | | |
| | (1 | City/ State and Zip C | Code) | |
| info@gemsinc.org | | | | |
| E-m | ail address: (to be used f | or future annual repo | ort notification |) |
| For further information concern | ning this matter, please c | all: | | |
| Amanda Littiken | | at | 352 | 267-3557 |
| (N | ame of Contact Person) | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the foll- | owing amount made pay | able to the Florida D | epartment of S | State: |
| □ \$35 Filing Fee | S43.75 Filing Fee & C Certificate of Status | 3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | O Filing Fee cate of Status ed Copy ional Copy is sed) |
| Mailing Add | ress | Stre | et Address | |

Mailing Address

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

Articles of Amendment to Articles of Incorporation of

Guardians of Extraordinary Minds Inc. (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/a name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and 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 | <u>PT</u> <u>V</u> <u>SV</u> | John Do Mike Jo Sally Sr | ones | |
|----------------------------------|------------------------------------|--------------------------------|------|-----------------|
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | - |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | - | | |
| 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)

| Ammendment for Article III- purpose currently listed as, offer guardians of special needs children encourgament, advice and |
|--|
| support, changed to the following purpose, "The organization is organized exclusively for charitable, religious, educational, |
| or scientific purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal |
| tax code." "Upon the dissolution of this organization, assests shall be distributed for one or more exempt purposes within the |
| meaning of Setion 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall |
| be distributed to the federal government, or to a state of local government, for a public purpose." |
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| | e date of each amen | | , if other than the |
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| date | e this document was | • | |
| Eff | ective date <u>if applic</u> | N/A able: | |
| | | (no more than 90 days after amendment file date) | |
| Not doc | te: If the date inserte ument's effective date | d in this block does not meet the applicable statutory filing requirement e on the Department of State's records. | s, this date will not be listed as the |
| Add | option of Amendme | nt(s) (<u>CHECK ONE</u>) | |
| | The amendment(s) was/were sufficient | was/were adopted by the members and the number of votes cast for the for approval. | amendment(s) |
| | There are no membadopted by the boa | ers or members entitled to vote on the amendment(s). The amendment(rd of directors. | s) was/were |
| | Dated | 10/24/2019 | |
| | Signature | (abl) | |
| | | By the chalfman or vice chairman of the board, president or other office have not been selected, by an incorporator – if in the hands of a receive other court appointed fiduciary by that fiduciary) | |
| | | Amanda Littiken | |
| | | (Typed or printed name of person signing) | |
| | | President | |
| | | (Title of person signing) | |