N 19 0000 10512

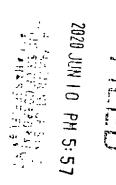
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JUN 2 6 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	DIGNITY SPEAKS	INC		· 		
	9000010512	•				
DOCUMENT NUMBER:						
The enclosed Articles of Amer	ndment and fee are sub	mitted for filing.				
Please return all correspondence	ce concerning this matt	er to the following	;:			
ELMO GOLDEN						
		(Name of Contact	t Person)		
- · · · · · · · · · · · · · · · · · · ·		(Firm/ Comp	any)			
1152 CANTERBURG DRIVE	WEST					
***		(Address)			
WEST PALM BEACH, FL 33	407					
		(City/ State and Z	Cip Code)		_
moe.golden67@gmail.com						
E-n	nail address: (to be use	d for future annual	report n	otification)	
For further information concer	ning this matter, please	e call:				
Elmo Golden			813		703-7141	
(N	ame of Contact Person	n)	(Are	a Code)	(Daytime Telephone Number)	
Enclosed is a check for the following	owing amount made p	ayable to the Flori	da Depa	rtment of	State:	
□ \$35 Filing Fee ■	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing F Certified Copy (Additional copenclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy is sed)	
Mailing Ade	<u>dress</u>		Street A	<u>ddress</u>		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

DIGNITY SPEAKS INC		
(Name of Corporation as currently filed with the Florid	a Dept. of State)	
N19000010512		
(Document Nu	mber of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
DIGNITY SPEAKS 2 INC		The ne
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorpora	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020 JUN
		P
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		la, enter the name of the
Name of New Registered Agent:	e address:	. –
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am		pt the obligations of the position.
	Signature of New Reg	istered 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 Doc Mike Jones Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change Add	<u>s</u>	BEVER	LY BARNARD	P O BOX 82914 TAMPA, FL 33682
× Remove				EBONEE THERONGE
2) Change Add				
Remove 3) Remove Add Remove				
4) Change Add		·		
Remove 5) Change Add Remove				
6) Change Add				
	on is a no	sary). (Be spec	rific)	s for which this organization is formed
Please revise the above ar				

	, , , , , , , , , , , , , , , , , , , ,
4-V	· · · · · · · · · · · · · · · · · · ·
	V 4 (4884)
The date of each amendment(s) adoption: May 15, 2020 date this document was signed.	if other than the
Effective date if applicable: (no more than 90 days after amendment file dat	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

cer-if director er, trustee, or