N19000010512

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000373462440

09/17/21--01025--003 **35.00

2021 SEP 17 PM 6: 41 SECRETARY OF STATE

SEP 2 9 2021 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Fl. 32314

DIGNITY SPEAKS NAME OF CORPORATION:	S INC.		
N19000010512 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
ELMO GOLDEN			
	(Name of Contact F	erson)	
DIGNITY SPEAKS INC.			
	(Firm/ Compan	y)	
7648 WILES RD			
	(Address)		
CORAL SPRINGS, FL 33067			
	(City/ State and Zip	Code)	
ELMOGOLDEN67@GMAIL.COM			
E-mail address: (to be use	d for future annual re	port notificatio	n)
For further information concerning this matter, please	e call:		
ELMO GOLDEN	а	(901)	238-0638
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā D	treet Address mendment Sect ivision of Corpo he Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	••	# 7			
DIGNITY SPEAKS INC.		mog 🖀			
Name of Corporation as currently filed with the	Florida Dept. of State)	FLEST			
N19000010512		LORIE			
(Docum	nent Number of Corporation (if kno	own)			
Pursuant to the provisions of section 617.1006. Floramendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following			
A. If amending name, enter the new name of the	e corporation:				
N/A		The new			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name					
B. Enter new principal office address, if applica	7648 WILES RD				
(Principal office address MUST BE A STREET A	D.D. D.C.C.C.	CORAL SPRINGS, FL 33067			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	7648 WILES RD				
(Stating dates) MAT IN. A POST OFFICE		CORAL SPRINGS, FL 33067			
D. If amending the registered agent and/or regis		enter the name of the			
new registered agent and/or the new register	ed office address:				
Name of New Registered Agent:	N/A				
	7648 WILES RD				
New Registered Office Address:		rida street address)			
	CORAL SPRINGS	. Florida 33067			
	(City)	(Zip Code)			

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam 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	$\frac{PT}{\underline{V}}$ \underline{SV}	John Do Mike Jo Sally Sn	ne <u>s</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add	V		JEANETTE FRANCIS	
× Remove			-	
2) Change Add		_		
Remove 3) Change Add Remove		_		
4) Change Add		_		
Remove 5) Change Add	<u> </u>			
Add				
6) Change Add		_		
Remove				
E. If amending or additional sheet			cles, enter change(s) here: (Be specific)	
N/A				

				
				
				
				<u> </u>
				
				
	<u> </u>			
				
				
			<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			
				
				<u>.</u>
		··· ·		
The date of each amendment(s) ado	9/14/2021			if other than the
date this document was signed.	paton			, , , , , , , , , , , , , , , , ,
Effective date if applicable:				
	(no more than 90 days	after amendment file (date)	
Note: If the date inserted in this block document's effective date on the Department.	c does not meet the applica artment of State's records.	ble statutory filing req	uirements, this date will i	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and t	he number of votes cas	st for the amendment(s)	

Dated	9/15/2021
Signature	(By the chairman 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) ELMO GOLDEN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

2021 SEP 17 PM 6: 42 SECRETARY OF STATE