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| PICK-UP                 | WAIT                | MAIL      |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION:   | FAMILY                    |  |  |
|--|---------------------------|--|--|
| N20000001767<br>DOCUMENT NUMBER:   |                           |  |  |
| The enclosed Articles of Amendment and fee are                           | submitted for filing.     |  |  |
| Please return all correspondence concerning this                         | matter to the following:  |  |  |
| Rodger C. Rivers   |                           |  |  |
|  | (Name of Contact I        | erson)   |  |
| Our Human Family, Inc.   |                           |  |  |
|  | (Firm/ Compar             | ıy)  |  |
| 911 W Lake Mann Drive  |                           |  |  |
|  | (Address)                 |  |  |
| Orlando FL 32805   |                           |  |  |
|  | (City/ State and Zig      | Code)  |  |
| clayrivers@mac.com   |                           |  |  |
| E-mail address: (to be   | used for future annual re | port notification  | on)  |
| For further information concerning this matter, pl                       | lease call:               |  |  |
| Rodger C. Rivers   | а                         | 407<br>t   | 616-4390   |
| (Name of Contact Pe  | erson)                    | (Area Code)  | (Daytime Telephone Number)   |
| Enclosed is a check for the following amount ma-                         | de payable to the Florida | Department of  | f State:   |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Star               | _                         | Certi<br>is Certi<br>(Add  | 50 Filing Fee<br>ficate of Status<br>fied Copy<br>itional Copy is<br>osed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | A<br>D                    | treet Address<br>mendment Sec<br>ivision of Corp<br>he Centre of | porations  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Our Human Family, Inc.

| (Name of Corporation as currently filed with th  | e <u>Florida</u> D | ept. of State)         |                          |                       |                  |
|--|--------------------|------------------------|--------------------------|-----------------------|------------------|
| N20000001767   |                    |                        |                          |                       |                  |
| (Docur   | nent Numbe         | r of Corporatio        | on (if known)            |                       |                  |
| Pursuant to the provisions of section 617,1006, Flo<br>amendment(s) to its Articles of Incorporation:  | orida Statute      | s, this <i>Florida</i> | Not For Profit Corpora   | <i>tion</i> adopts th | e following      |
| A. If amending name, enter the new name of th  | e corporati        | on:                    |                          |                       |                  |
| Not applicable.  |                    |                        |                          |                       | The new          |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the nam     |                    | ion" or "incorp        | porated" or the abbrevi  | ation "Corp."         | or "Inc."        |
| B. Enter new principal office address, if application  | able:              | Not applicable         | ٤.                       |                       |                  |
| (Principal office address <u>MUST BE A STREET</u> )  |                    |                        |                          |                       |                  |
|  |                    |                        |                          |                       |                  |
|  |                    |                        |                          |                       | _                |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE                     | <u>BOX</u> )       | Not applicable         | e                        |                       |                  |
|  |                    |                        |                          |                       |                  |
|  |                    |                        |                          |                       | - 20             |
|  |                    |                        |                          | <del></del>           | 2020 HAR         |
| D. If amending the registered agent and/or regi  |                    |                        | lorida, enter the name   | of the                | <del>2</del> 8 - |
| new registered agent and/or the new register   | red office ac      | <u>ldress:</u>         |                          | 75°E                  | 2 1              |
| Name of New Registered Agent:  | Not applic         | able.                  |                          | \$50 C                | آ ي-             |
|  |                    |                        |                          | 7.02.0                | .;<br>           |
| New Registered Office Address  | <del></del> :      |                        | (Florida street address) | 200000                | - F 6            |
|  | Not applic         | able.                  | p.                       | lorida                |                  |
|  |                    | (City)                 |                          | (Zip Code)            | <del></del>      |
| Name Domintowned America Characters of the control   | D                  | <b>4</b>               |                          |                       |                  |
| New Registered Agent's Signature, if changing be<br>I hereby accept the appointment as registered ager |                    |                        | accept the obligations o | f the position.       |                  |
|  | •                  |                        | , compression of         |                       |                  |
|  |                    |                        |                          |                       |                  |
| <del>-</del>   | Sig                | mature of New          | Registered Agent, if cha | mging                 |                  |

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                   | PT John Do<br>V Mike Jo<br>SV Sally Sr | ones .  |                                    |
|---|--|---|------------------------------------|
| Type of Action<br>(Check One)                       | Title                                  | Name  | Address                            |
| 1) Change Add                                       |  | Not applicable.                                 |                                    |
| Remove  |  |   |                                    |
| 2) Change Add                                       |  |   |                                    |
| Remove 3) Remove Add Remove                         |  |   |                                    |
| 4) Change Add                                       |  |   |                                    |
| Remove  |  |   |                                    |
| 5) Change Add                                       |  |   |                                    |
| Remove  |  |   |                                    |
| 6) Change Add                                       |  |   |                                    |
| Remove  |  |   |                                    |
| E. If amending or addin<br>(attach additional sheet |  | cles, enter change(s) here:<br>(Be specific)    |                                    |
| The following verbiage is                           | to replace the ori                     | ginal ARTICLE V. PURPOSE—                       |                                    |
| The specific objectives an                          | d purpose of this                      | organization shall be: exclusively for charitab | le and educational purposes within |
|   |  | rnal Revenue Code, or the corresponding sect    |                                    |
| <del></del>   |  |   |                                    |

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| The date of each amendment                                       | t(s) adoption: February 28, 2020   | , if other than the  |
| date this document was signed                                    | (3) adoption:  | , it omer man me     |
| date this document was signed                                    |  |                      |
| Effective date if applicable:                                    | February 28, 2020  |                      |
| Effective date in applicable.                                    | (no more than 90 days after amendment file date)   | <del></del>          |
|  | (no more man 90 days after amenament fite date)  |                      |
| Note: If the date inserted in the document's effective date on t | his block does not meet the applicable statutory filing requirements, this date will be Department of State's records. | not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |                      |
| True and the second  |  |                      |
| The amendment(s) was/w<br>was/were sufficient for ap             | vere adopted by the members and the number of votes cast for the amendment(s) oppoval.                                 |                      |

|         | February 28, 2020  |
|---------|--|
| Dated   |  |
| Signatu | re Radaesk Rivers  |
| C       | (By the chairman or vice chairman of the board, president or other officer-if directors  |
|         | Lunga mag kin na ahil nagali karana imagama smagna . It ing tha kamala afia magasirasa termataa are  |
|         | have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
|         | other court, appointed fiduciary by that fiduciary)  |
|         |  |
|         | other court appointed fiduciary by that fiduciary)   |