N2C000002121

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(Requestor's Name)

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(Address)

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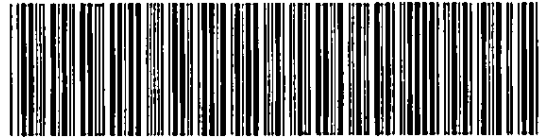(City/State/Zip/Phone #)

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TO: Amendment Section
    Division of Corporations

NAME OF CORPORATION: HISIMAGE.ME. INC.

DOCUMENT NUMBER: N20000002131

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carey Ugas
_____
Name of Contact Person

NCLL
_____
Firm/ Company

13790 Roosevelt Blvd.. Suite A
_____
Address

Clearwater. FL 33762
_____
City/ State and Zip Code

_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter. please call:

Carey Ugas
_____ at (727) 605-0129
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:

☑ $35 Filing Fee	☐ $43.75 Filing Fee & Certificate of Status	☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ $52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee. FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
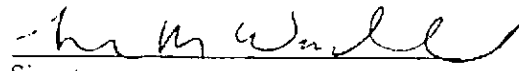2415 N. Monroe Street. Suite 810
Tallahassee. FL 32303

AMENDEDMENT
ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation is: HISIMAGE.ME, INC.
DOCUMENT ID #N20000002131

A. The name of the corporation will be changed to: IN HIS IMAGE INSTITUTE OF COUNSELING AND TRAINING, INC.

B. No members are entitled to vote on the amendment.

C. No additional Articles shall be included or amended.

D. The date of adoption of the Amendment is __12-9-__ 2021 by the Directors.

This is the __9__ day of December, 2021.

LISA M. WINCHELL, PRESIDENT
Print Name and Title

Signature