## NZC 000002952

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## COVER LETTER

**ro**: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	Mended Minds Care: ON:	s Corp.		
DOCUMENT NUMBER:	N20000002952			
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
Hugh Bruder				
		(Name of Contact Per	rson)	
Mended Minds Cares Corp				
		(Firm/ Company)	)	
2640 SW 137 Terrace				
		(Address)		
Davie, Florida, 33330				
-		(City/ State and Zip C	lode)	
hugh@mended-minds.com				
F	-mail address: (to be used	for future annual repo	ort notification	1)
For further information conc	cerning this matter, please	call:		
Hugh Bruder		at	954	(Daytime Telephone Number)
-	(Name of Contact Person	)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the t	ollowing amount made pa	ayable to the Florida D	Department of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	cate of Status led Copy lonal Copy is
Division o P.O. Box	ent Section of Corporations	Am Div The	eet Address endment Secti ision of Corpo Centre of T 5 N. Monroo	erations

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Mended Minds Cares Corp (Name of Corporation as currently filed with the Florida Dept. of State) N20000002952 (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: 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (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: (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

f amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, nd 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; CF() = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office seld. 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           V         Mike Jo           SV         Sally St	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change Add	<u>P</u>	Jackie Bruder	2640 SW 137 Terrace Davie, Florida 33330
x Remove			
2) Change Add	<u>P</u>	Jacqueline Bruder	2640 SW 137 Terrace Davie, Florida 33330
Remove  3 ) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	-		
Remove			
E. <u>If amending or addir</u> (attach additional shee	ng additional Art ets. if necessary).	i <mark>cles, enter change(s) herc</mark> : (Be specific)	
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The date of each amendment date this document was signed	t(s) adoption: 5-22-2020			, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days af	3	<del></del>	<del></del>
	(no more man 90 aays aj	ter атенатені зие аа <i>це)</i>	1	
Note: If the date inserted in the document's effective date on t	is block does not meet the applicable he Department of State's records.	statutory filing requirer	ments, this date will not	be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
☐ The amendment(s) was/w was/were sufficient for ap	rere adopted by the members and the oproval.	number of votes cast for	the amendment(s)	

	Dated	5-22-2020
have not been selected, by an incorporator – if in the hands of a receiver, trus other court appointed fiduciary by that fiduciary)  Hugh Bruder		- Naruler
- <u> </u>	-	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)
(Typed or printed name of person signing)		Hugh Bruder
CEO		(Typed or printed name of person signing)