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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Sevendipity Wo	mens Mental Wellness Foundation, In
DOCUMENT NUMBER: N2000045	Q 5
The enclosed Articles of Amendment and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
SHACI (Name	N. WARNER of Contact Person)
	Mental Wellness Tourdation, luc m/Company)
MIONWAIS Court, S	Suite 206 (Address)
Taman (City's	ac, Florida 33321 tate and Zip Code)
In fo @ Serendipity w E-mail address: (to be used for futu	comens mw foundation, org
For further information concerning this matter, please call:	
Shari Warner (Name of Contact Person)	at 954 641 - 8464 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
	Ted Copy Certificate of Status tional copy is Certified Copy
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address 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

Serendipity Womens Wental		hoù, Inc	
(Name of Corporation as currently filed with the Florida Do	·		
M000004505 (Document Numbe	r of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporal	ton adopts the following	:
A. If amending name, enter the new name of the corporation	_ _	The new	
name must be distinguishable and contain the word "corporati" "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbrevia	tion "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	A\N		
(_
C. Enter new mailing address, if applicable:	ŀ	2021	(P)
(Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>	1]
-			
D. If amending the registered agent and/or registered office		of the San G	
new registered agent and/or the new registered office ad	dress:	등 으	
Name of New Registered Agent:	N/A	•	
	N A		
New Registered Office Address:	r · · · · · · · · · · · · · · · · · · ·		
		orida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered & I hereby accept the appointment as registered agent. I am fam		the position.	
· · · · ·	11/A		
Sig	N/A nature of New Registered Agent, if cha	nging	

and address of each Off (Attach additional sheets	, if neces.	sary)	V .		N/A
			first letter of the office title: isurer; S= Secretary; D= D	rirector; TR= Tri	t ustee: C = Chairman or Clerk; CEO = Chief
	= Chief F	inancial :	Officer. If an officer/directo		an one title. list the first letter of each office
	wes the c	orporatio	n, Sally Smith is named the		PST and Mike Jones is listed as the V. There is should be noted as John Doe. PT as a Change.
Example:					
X Change X Remove	<u>PT</u> <u>V</u> <u>SV</u>	<u>John De</u> Mike Jo			
\overline{X} Add	$\overline{\underline{SV}}$	Sally Si			
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change Add		_			
Remove					
2) Change Add		_			
Remove 3) Change					
3) Change Add		_			
Remove					
4) Change		_			
Add					
Remove					
5) Change Add		_			
Remove					
6) Change Add		_			
Remove					
E. If amending or additional sheet			icles, enter change(s) here (Be specific)		
adding Ar	TICL	E VI			
Dis	نامحد	tron	Clause:		
			isisdution of S	SERENDIA	DITY WOMEN'S
			ELLNESS FOUN		T .
sh	all h	se di	stributed for	me or m	ore exempt

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name.

purposes within the meaning 501(c)3) of
the Internal Revenue Code, or corresponding
section of any fiture federal tax code, or
section of any future federal tax code, or shall be distributed to the federal government,
or to a State or local appenment, for a public
purpose.
· · · · · · · · · · · · · · · · · · ·
The date of each amendment(s) adoption: October 3, 2000 if other than the
Added this document was signed Effective date if applicable: Oetobal 3, 2000
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated October 2,2020
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)
(Typed or printed name of person signing)
CttA12UAN / Cto) (Title of person signing)