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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

Taliahassee, FL 32314

NAME OF CORPORATION:	Bartimaeus, Inc.		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are st	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Livinus C Ibeh			
	(Name of Contact F	erson)	
The Society of St. Bartimaeus			
	(Firm/ Compar	ıy)	
84 Water Street			
	(Address)		
St Augustine, FL 32084			
	(City/ State and Zip	Code)	
lismarioline@yahoo.com			
E-mail address: (to be us	sed for future annual re	port notifical	tion)
For further information concerning this matter, plea	ase call:		
Livinus C Ibeh	а	904 t	460-3220
(Name of Contact Pers		(Area Code	e) (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	Standard Sta	is Cer (Ac	2.50 Filing Fee rificate of Status rified Copy Iditional Copy is closed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	A D	treet Addres mendment So ivision of Co he Centre o	ection

2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The Society of St. Bartimaeus, Inc.					
Name of Corporation as currently filed with the	Florida D	ept. of State)			
N20000007737					
(Docume	nt Numbe	r of Corporati	ion (if known)		
Pursuant to the provisions of section 617.1006, Floridamendment(s) to its Articles of Incorporation:	da Statutes	s, this <i>Florida</i>	Not For Profi	t Corporation adopts the fo	ollowing
A. If amending name, enter the new name of the	corporatio	<u>on:</u>			
					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporati	on" or "inco	rporated" or th	e abbreviation "Corp." or	"Inc."
B. Enter new principal office address, if applicab	le:		_		
(Principal office address <u>MUST BE A STREET AD</u>			-		
	_				
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>OX</u>)				
	_				
D. If amending the registered agent and/or regist-			<u>Florida, enter</u>	the name of the	
new registered agent and/or the new registered	d office ad	ldress:			
Name of New Registered Agent:					
-			(Florida str	ent address)	
New Registered Office Address:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				Dlanida	
-		(City)		Florida (Zip Code)	
				(, ,)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.			l accept the obi	ligations of the position.	
					ļ
	Sig	nature of Nev	v Registered Aş	gent, if changing 1924 The 1927	

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>S</u>	Lauren Seibler	1025 Nicholson Rd Jacksonville, FL 32207
Remove			
2) Change Add		.	
Remove 3) Change Add Remove		-	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	
-,-		···	

		
-		
		
		
		
The date of each amendment(s) adoption date this document was signed.	en:	if other than the
Effective date if applicable:	22, 2020	
	(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be ent of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

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 $9/28/2020$
Signature Remarkand - (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) Livinius C Ibeh
(Typed or printed name of person signing)
President
(Title of person signing)