## N20 000009047

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

TO: Amendment Section  Division of Corporations
NAME OF CORPORATION: AWAKEN YOUR SOUL, INC.
DOCUMENT NUMBER: N2000009047
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JULIA BERRIOS
(Name of Contact Person)
AWAKEN YOUR SOUL, JINC.
10509 N.W.66th Street
DORAL, FL 33178 (City/ State and Zip Code)
juha care aga @ yahoo. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julia Berries (305) 898-5142
(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
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to

Articles of Incorporation

DWAKEN YOUR SOUL INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
N20000009047
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
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:
Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

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 a change, Mike Jones lew Mike Jones, V as Remove	ves the co	rporation, Sally Smith is named	Doe is listed as the PS the V and S. These sho	ST and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change.			
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)	Title	<u>Name</u>		Address			
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Remove							
2) Change Add	<del></del>						
Remove 3 J Remove Add Remove	<del>-</del>						
4)ChangeAdd		_					
Remove							
5) Change Add		_					
Remove							
6) Change Add		_	<u>,,</u>				
Remove							
E. If amending or addi (attach additional she		onal Articles enter change(s) essary). (Be specific)	<u>here</u> :				
	····	ARTICLE	_				
Tb	<u> کے د</u>	corporation t	ias provid				
the SEC	RETA	RY OF STATE O	f Florida	that it is (will be)			
applying f	2055	ecognition of	IRS CODE	9 yen on Movember			
20116)	510	105, 2000 101	The DEILIA	GIVELLOW MOVEDER			

	0, 2020, and the office of the SECRETARY advisi
Ω	written notice is prescribed by its regulations
	ARTICLE IX
40	This corporation's income for each taxable year ill be distributed at such time and in such manner not to subject it to tax under I.R.S. Cade section that; and this corporation will be prohibited from gaging in any act of self-dealing, as defined in 2.5. Cale section 4941 (d).
	the of each amendment(s) adoption: $11/12/2020$ if other is document was signed.
Effe	ve date <u>if applicable</u> :  (no more than 90 days after amendment file date)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.

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
Signature Signature
(Hy the chairman or vice effairman 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)
JULIA L. BERRIOS
(Typed or printed name of person signing)  PRESIDENT/DIRECTOR
(Title of person signing)