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SECRETARY OF STATE

A Butter

COVER LETTER
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Refentless in Heart Inc.
NAME OF CORPORATION: NEIGHT 1855 IVI HORY F 172. 5
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
April F. (arr (Name of Contact Person)
(Name of Contact Person)
Relentless in Heart Inc. (Firm/ Company)
(Firm/ Company)
5475 St. James Drive Suite 433
(Address)
Port St. Lucie, F1 34983 (City/ State and Zip Code)
_
Relentless inheartine Q ad. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Care 7. Care at 172 626 5814
(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:
\$\sum_{\text{\$\subset}}\$
Mailing Address Street Address

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

FILED

(Name of Corporation as currently filed with the Flor	rida Dept. of State) 2021 MAR 12 AM 7: 44
(Document N	SECRETARY OF STATE Number of Corporation (if knbwh) AHASSEE, FL
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:
	The nev
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite 433 Port St. Lucie, Fl 34983
	Suite 433
	Port St. Lucie, F1 34983
D. If amending the registered agent and/or registered	d office address in Florida, enter the name of the
new registered agent and/or the new registered of	ffice address:
Name of New Registered Agent:	
(Florida street address) New Registered Office Address:	
New Registered Office Address.	
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent: am familiar with and accept the obligations of the position.
поссоў ассері іне арролішені ах геділіегей адені. Та	ит затима жин ана ассері іне оонданопѕ оз іне 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 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 D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	CEO	April F. Barber	2306 Ave N FortPierce F1 34950
Remove	n –	1 1	/
2) Change Add	<u>CEO</u>	April F. Carr	2306 Avenue N FORT PIEKCE, Fl 34950
Remove 3) Remove — Add — Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
		· - · · · · · · · · · · · · · · · · · ·	
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	,
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicables	
Effective date if applicable:	o more than 90 days after amendment file date)
(M	more man 20 days after amenament file date)
<u>Note:</u> If the date inserted in this block does to document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)

回	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 $\frac{3/8/2021}{}$
	Signature april 7. Carr
	(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)
	April F. Carr (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	CEO/Founder
	(Title of person signing)