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## COVER LETTER

TO: Amendment Section Division of Corporations

ONWORDS INC NAME OF CORPORATION:	
N20000014012 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DONALD K PORGES	
(Name of Contact Person)	
PORGES, EISENBERG & LEVINE, CPA LLC	
(Firm/ Company)	_
1880 N CONGRESS AVE. SUITE 215	
(Address)	
BOYNTON BEACH, FL 33426	
(City/ State and Zip Code)	
DPORGES@PELCPA.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DONALD K PORGES 561-737-5568	
(Name of Contact Person) at (Area Code) (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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status  Certificate of Status  (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status  Certified Copy (Additional Copy is Enclosed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

ONWORDS INC (Name of Corporation as currently filed with the Florida Dept. of State) N20000014012 (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

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 Do Mike Jo Sally Si	nes	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change Add		-		
Remove				<u> </u>
2) Change Add		_		
Remove 3 ) Remove Add Remove		-		
4) Change Add		_		
Remove				
51 Change Add		-		
Remove				
6) Change Add		_		
Remove				
E. <u>If amending or addin</u> (attach additional shee.	g additio ts, if nece	nal Arti ssary).	cles, enter change(s) here: (Be specific)	
SAID ORGANIZATION	IS ORG	ANIZED	EXCLUSIVELY FOR CHARITABLE, REL	IGIOUS, EDUCATIONAL AND
SCIENTIFIC PURPOSES	S, INCLU	DING, I	FOR SUCH PURPOSES, THE MAKING OF	DISTRIBUTIONS TO
ORGANIZATIONS THA	T QUAL	JFY AS	EXEMPT ORGANIZATIONS DESCRIBED	UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE

UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED	FOR ONE OR MORE
EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL	. REVENUE CODE, OR
CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DE	STRIBUTED TO THE
FEDERAL GOVERNMENT, OR TO A STATE OF LOCAL GOVERNMENT, FOR A PUBLIC	PURPOSE.
<b></b>	_
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: 06/28/2021	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the

(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.

•.

Adoption of Amendment(s)

	JUNE 28, 2021
Dated	
Signati	To Dikking Frayme
	(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)
	DONALD K PORGES
	(Typed or printed name of person signing)
	TREASURER