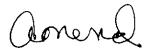
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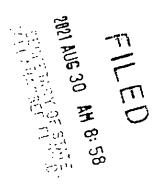
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COVER LETTER ..

TO: Amendment Section Division of Corporations

Who I Am Foundati NAME OF CORPORATION:	on, Inc.		
000360791500		·	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Tracy Stites			
	(Name of Contact Per	son)	
Who I Am Foundation, Inc.			
	(Firm/ Company)		,
P.O. Box 866			
	(Address)		
Avon Park, FL 33825			
	(City/ State and Zip C	ode)	
tserdynski@yahoo.com			
E-mail address; (to be used	for future unnual repo	ert notification	n)
For further information concerning this matter, please	call;		
Tracy Stites	at _	813	404-1236
(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida D	epartment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section		et Address indment Sect	ion

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



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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 2, 2021

TRACY STITES WHO AM I FOUNDATION, INC. P.O. BOX 866 AVON PARK, FL 33825 US

SUBJECT: WHO I AM FOUNDATION, INC.

Ref. Number: N21000002159

We have received your document for WHO I AM FOUNDATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your amendment is incomplete. The last two pages of the amendment form are missing. I have enclosed a blank page three and four for you to fill out and return to us when you resubmit your articles of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey OPS

Letter Number: 221A00015262

Articles of Amendment to Articles of Incorporation of

PILED

APASSEDESS

FILED

APASSEDESS

(Name of Corporation as currently) Who I Am Foundation, Inc. (,		4535.07.37.
	(Document Numb	per of Corporation (if I	known)
Pursuant to the provisions of section 6 amendment(s) to its Articles of Incorp		es, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new	r name of the corpora	tion:	
			The new
name must be distinguishable and con " <mark>Company" or "Co." may not be use</mark>	tain the word "corpora <mark>d in the name</mark> .	ttion" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office addre			
(Principal office address <u>MUST BE 2</u>	<u>(STREET ADDRESS</u>)	
C. Enter new mailing address, if a	oplicable:		
(Mailing address <u>MAY BE A POS</u>	ST OFFICE BOX)		
			
). If amending the registered agent new registered agent and/or the			, enter the name of the
		iduress.	
<u>Name of New Regist</u>	ered Agent:		
V D ins I (V		- a	Florida sireei address)
<u>New Registered Of</u>	nce Adaress:		
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, i	f changing Registered	·	• •
hereby accept the appointment as reg			t the obligations of the position.
		ignature of New Regis	tered 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 Do V Mike Jo SV Sally Sr	<u>mes</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) <u>*</u> Change Add	<u>•</u>	Tracy Stites	Currently Listed as D but is P
Remove			
2) <u>×</u> Change Add	V	Romona Washington	Currently listed as D but is V
Remove 3) * Change Add Remove	<u>T</u>	Trudy Benton	Currently listed as D but is T
4) Change Add	<u>s</u>	Jo Ann Serdynski	Currently listed as D but is S
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
Changing Tracy Stites fro	om D to C, Romon	a Washington from D to V, Trudy Benton fro	om D to T. Jo Ann Serdynskit from E
Just tit	le cho	inges as voted	on by our board

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The date of each amendment(s) adoption: _		212816	0031			if other than the
date this document was signed.						
Effective date <u>if applicable</u> :	more than 9	0 days after an	nendment file a	late)		<u> </u>
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the a of State's re	applicable statu cords.	tory filing requ	uirements, this	date will not t	oe listed as the
Adoption of Amendment(s) (C	HECK ON	<u>E</u>)				
The amendment(s) was/were adopted by was/were sufficient for approval.	the member	s and the numb	er of votes cas	t for the ameno	lment(s)	

Dated	7/30/2021
Signature	Inacy Stites
(By hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	TRACY Stites
	(Typed or printed name of person signing)