## N2100000786

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R. WHITE AUG 1. Ed

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATE		HUMAN WISDOM COR	P
DOCUMENT NUMBER:		N21000007986	
The enclosed Articles of An	nendment and fee are sub	mitted for filing.	
Please return all correspond	ence concerning this matt	er to the following:	
		Sonia Becerra	
		(Name of Contact Perso	on)
		Swyft Filings	
		(Firm/ Company)	
	3	Greenway Plaza #1320	
		(Address)	
		Houston, TX 77046	
		(City/ State and Zip Co	de)
		gs@swyftfilings.com	
	-mail address: (to be use	•	t notification)
For further information con-	cerning this matter, please	e call:	
	Sonia Becerra	at	877-777-0450
	(Name of Contact Persor	n) (A	rea Code) (Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida De	partment of State:
XI \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (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

Tallahassee, FL 32314

Street Address

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 of

HUMAN WISDOM CORP. (Name of Corporation as currently filed with the Florida Dept. of State) N21000007986 (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: Homan Wisdom Foundation Corp. 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: 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	PT V SV	John Do Mike Jo Sally Si	<u>ines</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change Add	<del></del>			
Remove				·
2) Change Add		_		
Remove 3) Change 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 date this document was signed.	:	if other than the
Effective date if applicable:		
()	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not of State's records.	be listed as the
Adoption of Amendment(s)	( <u>CHECK_ONE</u> )	
The amendment(s) was/were adopted by 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 $\frac{7/13/2021}{444/2}$
Signature
(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)
ALESSANDRO SALAMONE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)