N21000008868

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Bringing Int	imacy Back, Inc				
N21000008868 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee	are submitted for fil	ing.			
Please return all correspondence concerning t	his matter to the foll-	owing:			
Dr. April Brown					
	(Name of C	ontact Person)			_
Bringing Intimacy Back, Inc					
	(Firm/	Company)			_
1404 Del Prado Blvd #135					
	(Ad	Idress)			_
Cape Coral, Florida 33990					
	(City/ State	and Zip Code)			_
drapril@bringingintimacyback.com					
E-mail address: (to	be used for future a	nnual report notif	ication)		
For further information concerning this matte	r, please call:				
Dr. April Brown		239 at		565-6921	
(Name of Contac	t Person)	(Area C	ode)	(Daytime Telephone Number)	
Enclosed is a check for the following amount	made payable to the	Florida Departme	ent of S	tate:	
\$35 Filing Fee \$43.75 Filing Certificate of	Fee & □\$43.75 Fi Status Certified (Addition enclosed)	al copy is	Certific Certifie	onal Copy is	
Mailing Address		Street Add	ress		

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 of

FILED 2021 OCT 15 AM 10: 13

Bringing Intimacy Back, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N21000008868 (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: _. Florida ____ (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	\underline{V} Mik	<u>1 Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) <u>× </u>	<u>S</u>	Hayden P Lee	1404 Del Prado Blvd, Suite 135 Cape Coral, Fl 33990
<u>x</u> Remove			
2) X Change Add	<u>VP</u>	Dr. Kelly Bushey	1404 Del Prado Blvd, Suite 135 Cape Coral, Fl 33990
X Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		·	
Remove			
E. <u>If amending or add</u> (attach additional she	ing additional A rets, if necessary)	rticles, enter change(s) here: (Be specific)	

					
					
					
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The date of each amendment(s) add date this document was signed	October 7, 20	021			20 11 11 1
date this document was signed.		<u> </u>		 ,	, if other than the
and an angletu.					
Effective date if applicable:					
	(no more than 9	0 days after amen	Iment tile data)		<u> </u>
Note: If the date inserted in this bloc	k does not meet the a	pplicable statutors	filing requirements	this date will not b	e listed as the
document's effective date on the Dep	artment of State's rec	ords.	a . a quit e intento,	wate will inte	C Hateu as the
Adoption of Amendment(s)	(<u>CHECK ON</u>	<u>E</u>)			

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

was/were sufficient for approval.

October 12, 2021	
Dated	
Signature And Sour	
(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)	
Dr. April Brown	
(Typed or printed name of person signing)	
	اليمور بإ
President	
(Title of person signing)	

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