N22000003937

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J. HORNE

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Dr. Thamar Maurice-Butler Corporation
DOCUMENT NUMBER: N22000003937
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DV. Mamar Maurice-Butter (Name of Contact Person)
Dr. Thamar Maurice-Butter Organiany)
771.5W64thTerrace
- Pembroke Pines, Florida 33023 (City/ State and Zip Code)
Dr Hamar Maurice butter Qattook Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dr. Thamar Maurine-Butter at 800-515-2692 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment
10
Articles of Incorporation
Articles of Incorporation of 2022 DEC - 5 PH 4: 07 (Name of Corporation as currently filed with the Florida Dept. of State)
N22000003937
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A The new
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) QHAMIFOYIDA 38130
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Q+h Floor Suffe 7588 MIAMI, Florida 33130
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: N/A Lewast Flagley Stylet 9th Hoursu
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.

N A
Signature of New Registered Agent, if changing

Articles of Amendment

and address of each Off (Attach additional sheets Please note the officer/di P = President; V= Vice I	ficer and/or , if necessary rector title by President; T= = Chief Fina.	Director being added:) c the first letter of the office = Treasurer; S= Secretary; , ncial Officer. If an officer/a	title: D= Director; TR= Trusto	rector being removed and title, name, ee; C = Chairman or Clerk; CEO = Chief one title, list the first letter of each office
Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	ives the corp	oration, Sally Smith is name	n Doe is listed as the PS d the V and S. These sho	T and Mike Jones is listed as the V. There is uld be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	$\frac{\overline{V}}{V}$ \underline{N}	ohn Doe like Jones ally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
Change Add	P	Thamar I	<u>Jaurice Butter</u>	Glowest Flagler Stree 9th Floor suited 7588 MIAMI, Florida 38130
Remove 2) Change Add				
Remove 3) Remove				
4) Change Add				
Remove 5) Change Add				
Remove				
6) Change Add				
(attach additional sh	ects, if neces	nal Articles, enter change(s sary). (Be specific)	<u>s) here</u> :	
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The date of each amendment(s) ado date this document was signed.	option: NA			, if other than the
date this document was signed.				
date this document was signed. Effective date if applicable:	A			
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable artment of State's records.	statutory filing requirer	nents, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the	number of votes cast 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 November 28,2022	
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)	
Tramar Maurine-Butler	
(Typed or printed name of person signing)	
Tresident (Title of person signing)	
(The or Jetson againg)	