N22000008416

(Requestor's Name)	
(reguester e marrie)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	·
(Document Number)	_
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	
J. HORNE	
J. HORNE OCT 19 2023	

Office Use Only



400416756424

10/04/23--01015--023 **35.00



COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: A myLod	1005 AWARE	Inc.	<u> </u>
DOCUMENT NUMBER: N 7200000			
The enclosed Articles of Amendment and fee are sub-	omitted for filing.		
Piease return all correspondence concerning this mat	ter to the following:		
DEMNIS R. Hudson			
	(Name of Contact P	erson)	
	(Firm/ Compan	y)	
5809 WILLOW MANS	sh ct.		
	·		
SARASUTA, FLINIC	10 34	238	
, , , , , , , , , , , , , , , , , , ,	(City/ State and Zip	Code)	
dhudsoneHFE @ E-mail address: (to be use	AUL Com.		
		port notificatio	n)
For further information concerning this matter, please	e call:		
Dennis Hudson (Name of Contact Person	af	410	430 4242
(Name of Contact Persor	1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p			State:
Certificate of Status 17 \$35 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certii is Certii (Add	0 Filing Fee leate of Status led Copy itional Copy is osed)
Mailing Address Amendment Section		reet Address	
Division of Corporations	Division of Corporations Division of Corporations		orations
P.O. Box 6327 The Centre of Tallahassee		'allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Articles	of of		1.72
Amulaliana		23 ₀₍	77-4, PH 3:
Amy Lodious AWALE, Two	ent_of State)		
		\mathcal{U}_{i}	, J.
N 2200008416 (Document Number		<u> :</u>	·
(Document Number	of Corporation (if kn	own)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
ursuant to the provisions of section 617,1006, Florida Statutes mendment(s) to its Articles of Incorporation:	, this <i>Florida Not For</i>	Profit Corporation ado	pts the following
. If amending name, enter the new name of the corporation	<u>ın:</u>		
SROCERT Association	t.No.		The new
SRO CERT Association, and in must be distinguishable and contain the word "corporation and company" or "Co." may not be used in the name.			
Enter new principal office address, if applicable:	5809 U	ICLOW MAI	Shci
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SAMSOTG	, Floridy	
_	34238		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5809 K	ILLOW MAKES	6 c б
-	S ARASOT	Ta, FL. 34	7238
). If amending the registered agent and/or registered office		enter the name of the	
new registered agent and/or the new registered office ad	dress:		
Name of New Registered Agent			
	(Fle	orida street address)	
New Registered Office Address:			
		, Florida	
***************************************	(City)	Zip Co	de)
ew Registered Agent's Signature, if changing Registered A worchy accept the appointment as registered agent. I am fam		the obligations of the pos	sition.
	nature of New Registe	red 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: CEO = 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, Saily 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.

Lxample: X Change X Remove X Add	<u>V</u> <u>Mike</u>	n Doc e Jones y Smith	
Type of Action (Check One)	Title	Mame	Address
I) Change Add Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove 5)ChangeAdd	/		
Remove Change dd Remove			
	g additional A ts, if necessary	articl <u>es, enter change(s) here</u> : Despecific)	

<u> </u>			· · · · · · · · · · · · · · · · · · ·
	/	<u> </u>	
			
-			
	<u>/</u>		
	doption:		
Effective date <u>if applicable</u> : 1/	1/2023 no more than 90 days after o	mendment file date)	
Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable stat epartment of State's records.	utory filing requirements, this c	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were a was/were sufficient for approx	adopted by the members and the mun a l.	ber of votes east for the amenda	ment(s)

zí	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 10/1/2023
	Signature J. J. J.
	(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)

Tres. but a secretary

(Title of person signing)