N22000010458

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(D	ocument Number)	
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COVER LETTER

,TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Patients Not Prisone ON:			
DOCUMENT NUMBER:	N22000010658			
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:		
Lisa Taliaferro				
		(Name of Contact P	Person)	
Patients Not Prisoners, Inc.				
		(Firm/ Compan	(y)	
945 Registry Blvd. Unit 20	9			
		(Address)	· · · · · · · · · · · · · · · · · · ·	1
St Auustine, Fl 32092				
		(City/ State and Zip	Code)	
patientsnotprisonersfl@gma	ail.com			
	-mail address: (to be used	d for future annual re	port notificatio	n)
For further information con	cerning this matter, please	e call:		
Lisa Taliaferro		21	760	443-1234
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida	Department of	State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee ficate of Status fied Copy itional Copy is osed)

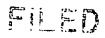
Mailing Address

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



Patients Not Prisoners, Inc.		2023 FEB -6 AM 8: 22
(Name of Corporation as currently filed with the Florida	Dept. of State)	
N22000010658		SEUNTE PROTATE
(Document Numb	er of Corporation (if kno	
Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corporate	tion:	
		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	·	Λ
		/
	1 +	
C. Enter new mailing address, if applicable:	,	
(Mailing address MAY BE A POST OFFICE BOX)		
	K 1	\wedge
		/_\
D. If amending the registered agent and/or registered offi	' ice address in Florida, e	nter the name of the
new registered agent and/or the new registered office	address:	······································
Name of New Registered Agent:	, 1	
tune if he wire and the first		
	(Fibr	do street address)
New Registered Office Address:	f *	
	l	, Florida
	(City)	(Zip Code)
n b la	I 4 4:	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	i Agent: miliar with and accept th	e obligations of the position.
	,	
<u></u>	ignature of New Register	ed 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 D V Mike J SV Sally S	ones	k 1 /	
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1) Change Add		\		
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 ad (attach additional sa	ding additional Art heets, if necessary).		nge(s) here:	
		which directors a	re elected or appointed is: As	s provided for in the by laws.
	VII ₩: The organization	on is organized ex	celusively for charitable, reli	gious, educational and scientific
purposes under section	1 501 (c) (3) of the li	nternal Revenue	Code, or corresponding secti	on of any future tax code.
ADD ARTICLE VI: U	Jpon the dissolution	of this organizat	ion, assets shall be distribute	d for on or more exempt purposes
with the meaning of so	ection 501 (c) (3) of	the Internal Reve	nue Code, or corresponding	section of any future

federal tax code, or shall be distributed to the	federal government,	or to a state or local	government, for a public p	ourpose.
				
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The date of each amendment(s) adoption: _date this document was signed.	teble,	2037		, if other than the
Effective date if applicable:	more than 90 days o	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
(no	more than 90 days o	ifter amendment file	date)	
Note: If the date inserted in this block does n document's effective date on the Department	ot meet the applicab of State's records.	le statutory filing rec	quirements, this date will ne	ot be listed as the
Adoption of Amendment(s)	CHECK ONE)			

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

was/were sufficient for approval.

adopted by the board of directors.
Dated Feb 4, 2023
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)
Lisa Taliaferro
(Typed or printed name of person signing)
President
(Title of person signing)