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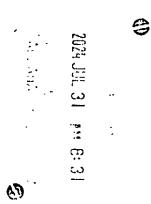
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(₭€	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

. . .

NAME OF CORPORATION	on: <u>Evolving i</u>	n Purpose In	C.	
	_			
DOCUMENT NUMBER:	<u> 124 000003</u>	999		
The enclosed Articles of An	nendment and fee are sub-	mitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
JEANINNE ATHERTON				
		(Name of Contact Perso	n)	
EVOLVING IN PURPOSE	INCORPORATED			
		(Firm/ Company)		- -
9865 BOBWHITE WAY				
· -		(Address)		
PENSACOLA, FL 32514				
		(City/ State and Zip Cod	c)	
holisticvicwllc@gmail.com				
———-	E-mail address: (to be used	for future annual report	notification	1)
For further information cond	cerning this matter, please	call:		
JEANINNE ATHERTON		85 at	0	346-4215
	(Name of Contact Person		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pa	ayable to the Florida Dep	artment of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A			Address	
	ent Section		Iment Secti	~
	of Corporations		on of Corpo	
P.O. Box			entre of T	
Tallahasso	ee, FL 32314	2415 1	N. Monroc	Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

E.7	IOI	VINC	TALL	PLIDDOCE	INCORPOR	ATED

(Name of Corporation as currently filed with the Flo	orida Dept. of State)			
N24000003999				
(Document	Number of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corpora	tion adopts	the foll	owing
A. If amending name, enter the new name of the con	rporation:			
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the abbrevio	ution "Corp		e new Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>Y</u>)			
			2021 J	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		of the	U. 31	
Name of New Registered Agent:		<u>:</u>	- 779 	<u>:</u>
New Registered Office Address:	(Florida street address)		<u>ω</u>	
		lorida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		f the positio	n.	
	Signature of New Registered Agent, if cha	 inging		

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	ED	JEANINNE M ATHERTON	9865 BOBWHITE WAY PENSACOLA, FL 32514
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<u>-</u>	
Remove			
E. If amending or addin (attach additional shee		nal Articles, enter change(s) here: ssury). (Be specific)	
During the registration pr	ocess of t	he nonprofit organization, the registered agent,	who also serves as the Executive Director
was accidentally omitted.			<u></u>
-		<u></u> .	
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		_	 .	·	
				<u> </u>	
		<u> </u>			
The date of each amendment(date this document was signed.	s) adoption:				if other than the
	05/21/2024				
Effective date <u>if applicable</u> :	05/31/2024	an 90 days after ame			
	(no more the	an 90 days after ame	ndment file date)		
Note: If the date inserted in thi document's effective date on th	s block does not meet t e Department of State':	he applicable statutors records.	ry filing requirement	s, this date will no	t be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

Des	05/31/2024
Das	
Sig	nature Kill Ane Scrill
_	(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)
	Kai Ane Jerrell
	(Typed or printed name of person signing)
	Board President
	(Title of person signing)