N96000003989

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Aorida Cdy	ssey of the	Mind Assocution	n, Inc
DOCUMENT NUMBER: _	ma Naboa	200039		
The enclosed Articles of Amena	<i>ment</i> and fee are subm	nitted for filing.		
Please return all correspondence	concerning this matte	r to the following:		
	Anna H. Lo	(Name of Contact Person	n)	
Floride Od	_	(Firm/ Company)		nc.
2.33 Donn	eny Cipa	(Address)		
<u>Orland</u>	o, 72 328	•	e)	2023 (+ 2-15
0.5.50g.	turidire il address: (to be used	for future annual report	ema.org	15 PHI2: 40
For further information concern	ing this matter, please	call:	.	0.4
Hook H	me of Controt Person)	at (Ar	ET) 484 - 3466 rea Code) (Daytime Telephone Nu	ımber)
Enclosed is a check for the follo	wing amount made pa	yable to the Florida Depa	artment of State:	
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	✓S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
\$ 6 m	_	Camana	Adduce	

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

(Name of Corporation as currently filed with the Florida Dept. of State)
NGLOCOCO 3989 (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:
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)
23 SEF
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Co Anna H. Lory The state of the
Mando, FL 32821 5
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: NA
(Florida street address) New Registered Office Address:
(City) . 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.
NA
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	PT John II V Mike J SV Sally S	ones		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add	TREUSURER	Kristin Weller	Gainesville, FL 20	LCE.
¥ Add	The usine r	Taylor Garrett	6514 Plantation Re Circle North Fort Myers, FL	ESE1
Remove 3) Add Remove	Regional Director	Cheis Skarns	JO38 Domar Daiv Tallahassee, EL 33308	
4) Change Add	Bey i on al Direct	Dawn Pharr	84 Avenue à mpo Apalachicola 32320	., FL
75) Change Add	(D) Bikector Merchan	Marilyn Wolpert aise	Maples, FL 3411	مبه
6) Change Add				
	or adding additional Ar nal sheets, if necessary).	ticles, enter change(s) here: (Be specific)	2023 55 2	: -
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NA		
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	2029 SEP 15	हों। -
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	PH IP:	
The date of each amendment(s) adoption: ALL Onanges adopted August of date this document was signed.	Lifother th	han the
Effective date if applicable: August 26, 2003 (no more than 90 days after amendment file date)		
(no more than 90) days after amendment file date)		

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. Vote authorized August 26, 20, 20

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 9-7-2023
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)
(Typed or printed name of person signing)
FLOMA ASSOCIATION DIRECTOR (Title of person signing)