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HON OF CORPORATIONS

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: HUMAN2 INC.			
	BER: P04000172942			
•	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Joseph C. Frechette, Jr.			
		Name of Contact Person	1	
	Attorney at Law			
•	-	Firm/ Company		
	10800 Biscayne Blvd., #620	, , , , , , , , , , , , , , , , , , , ,		
	**************************************	Address	-	
	North Miami, FL 33161			
		City/ State and Zip Cod	Ů.	
Λttor	ncyJF@gmail.com			
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Joseph C. Frechette, Jr		305 at (	892-4441 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

HUMAN2 INC.

2016 JUN 28 AM 8: 35

	, 5017 0011 0011
	on as currently filed with the Florida Dept. of State)
P04000172942	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the con	rporation:
	The new
	f "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.	RESS )
	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	y
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	(City) (Zip Code)
Signa	nture 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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	JO L. OSBORN	900 SE OCEAN BLVD.
Add			SUITE 232 D
X Remove			Stuart, FL 34994
2) Change	S	Samantha Mejia	900 SE OCEAN BLVD.
x Add			SUITE 232 D
Remove			Stuart, FL 34994
3) Change			
Add			
Remove			
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Add			***************************************
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5) Change	<del> </del>		
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<u>f an amendment pr</u>	ovides for an exch	ange, rectassific	ation, or cancellat	tion of issued share	<u>es,</u>
provisions for impl	ementing the amer le, indicate N/A)	idment if not co	ntained in the am	endment itself:	
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The date of éach amendment(s) a	doption:	, if other than the
date this document was signed.	1/23/16	FILLU SECRETARY OF STATE DIVISION OF CORPORATION
Effective date if applicable:	610 100 100 100 100 100 100 100 100 100	OF THE
	(no more than 90 days after amendm	?" <sup>()</sup> " <sup>(2</sup> 116')JUN 28 AM 8: 35
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing epartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes eas afficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups.  reach voting group entitled to vote separately on th	
"The number of votes east	for the amendment(s) was/were sufficient for appro	val
by		
	(voting group)	<del>-</del>
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder	action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action	n and shareholder
Dated	6/23/16	
Signature		
(By a c	director, president or other officer – if directors or oled, by an incorporator – if in the hands of a receiver, ated fiduciary by that fiduciary)	
	DAVID M. LONARDO	
	(Typed or printed name of person signing	g)
	Director	
	(Title of person signing)	