PD400083303

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ADAPT TO YOUR NEEDS SEWRITY, INC. DOCUMENT NUMBER: POG00083303				
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	Chris Branca Name of Contact Person			
Firm/ Company				
`	1100	· 5W 133 P14	100	
	Aniau	101 C/ 3318	lla	
	IVII AV	Address NI FU 3318 City/ State and Zip Code		
	F-mail address: (to be us	EFF_7 & Y ed for future annual report	notification)	
E-man address. (to be used for fature annual report non-reducity				
For further information concerning this matter, please call:				
	Branca	at (_305	219-2787	
Name	of Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Address		
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle				
		Tallaha	issee, FL 32301	

Articles of Amendment

to

Articles of Incorporation

οf

ADAPT TO YOUR NEED	is seci	PITY	INC.		40
(Name of Corporation as currently file	ed with the Flo	orida Dept. o	f State)		3
P06000083	303				
(Document Number of	Corporation (if	known)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this F	lorida Profit	Corporation as	dopts the following	z amendment(s) to
A. If amending name, enter the new name of the co	rporation:				
ADAPT TO YOUR NEEDS.	INC.				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the designation or the designation."	d "corporation, " "Inc," or "C	`o". A profe	," or "incorpo ssional corpor	orated" or the al	bbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	i RESS)	NIA	<u> </u>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)	NA			•
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new	office address:		, enter the nar	ne of the	
Name of New Registered Agent NA	<u> </u>	<u></u>	·		
	(Florida stree	et address)		-	
New Registered Office Address:			, Florida		
	(City)			(Zip Code)	•
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent. Signature of New Registered Agent.	l am familiar w	·	•	is of the position.	
Signature of Ne	w Registered A	gent if chang	ino	-	

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 Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		NA	
Add Remove			
2) Change			
Add			
3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change			
Add Remove			
6) Change			
Remove			

f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
NA	
NI''	
•	•
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself;
(if not applicable, indicate N/A)	
NA	
 	
·	
	•

The date of each amendment(s) adoption: TYFIL 13, 2014 date this document was signed.	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Church Branca	
(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
CHRIS BRANCA	
(Typed or printed name of person signing)	
President	
(Title of person signing)	