N1900000 9884

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone	e #)	
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JAN 13 1020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:BE GREAT LIKE I	KATE FOUNDATION INC
DOCUMENT NUMBER: N19000009884	
The enclosed Articles of Amendment and fee are sub-	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
TODD R BRIEN	
	(Name of Contact Person)
BE GREAT LIKE KATE FOUNDATION INC	
	(Firm/ Company)
9425 BLIND PASS ROAD APT 1203	
	(Address)
ST PETE BEACH, FL 33706	
	(City/ State and Zip Code)
TRBRIEN17@GMAIL.COM	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
TODD R BRIEN	(401) 595-7423
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

A	to rticles of Incorporation	<u>2</u> . 2
	ρſ	· · · · · · · · · · · · · · · · · · ·
BE GREAT LIKE KATE FOUNDATION INC		; 4
(Name of Corporation as c	urrently filed with the Flor	ida Dept. of State) (2
N190000009884		**************************************
(Document	Number of Corporation (if ki	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo.	r Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	orporation" or "incorporated	!" or the abbreviation "Corp," or "Inc,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	{Flo	orīda street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:	
hereby accept the appointment as registered agent. I		the obligations of the position.
	Signature of New Regist	ered 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: \underline{X} Change \underline{X} Remove \underline{X} Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	TERRY RYAN	13734 77TH AVE
X Add			SEMINOLE, FL 33776
Remove			
2) Change	SEC	GEMMA RYAN	13734 77TH AVE
XAdd			SEMINOLE, FL 33776
Remove			
3) Change			
Add			
Remove			V- V- 54%
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)	_	
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		SEPTEMBER 18, 2019	
		ndment(s) adoption:	, if other than the
date	this document was	s signed.	
		SEPTEMBER 18, 2019	
Life	ctive date <u>if appli</u>	cable:	
		ted in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	be listed as the
Ado	ption of Amendn	nent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficie	s) was/were adopted by the members and the number of votes cast for the amendment(s) int for approval.	
	There are no men adopted by the be	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	NOVEMBER 19, 2019	
	Signatur		
	-	(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)	
		TODD R. BRIEN	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	