

833174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

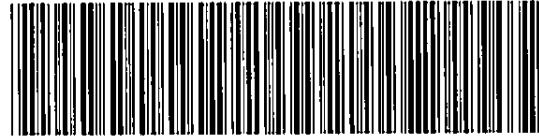
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2025 APR -2 AM 9:55

TALLAHASSEE, FLORIDA

RECEIVED

2025 APR -2 AM 10:53

TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv[®]

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 4/2/2025

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1363147

ORDER ENTITY

JDRF INTERNATIONAL INCORPORATED

PLEASE PERFORM THE FOLLOWING SERVICES:

JDRF INTERNATIONAL INCORPORATED (FL)

File the attached amendment

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JDRF International

DOCUMENT NUMBER: 833174

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMANTHA BRINTON

(Name of Contact Person)

LABYRINTH INC

(Firm/ Company)

1830 Colonial Village Ln

(Address)

Lancaster, PA, 17601

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Brinton at 717 8040845

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

2025 APR -2 AM 9: 55

JDRF INTERNATIONAL INCORPORATED

(Name of Corporation as currently filed with the Florida Dept. of State)

833174

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

BREAKTHROUGH TID INC.

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street 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.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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

- ☒ 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 5/20/2024

Signature Aaron Kowalski
(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)

Aaron Kowalski
(Typed or printed name of person signing)

President
(Title of person signing)

FILED
2025 APR -2 AM 9:55
TALLAHASSEE, FLORIDA

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Entity Name: Breakthrough T1D
Jurisdiction: PENNSYLVANIA
Entity No.: 0000714138
Entity Type: Domestic Nonprofit Corporation
Issuance Date: 07/05/2024
Receipt No.: 001121754
Certificate No.: 038832937

Document Listing

Image No.	Date Filed	Effective Date	Filing Description	No. of Pages
B0689-2460	05/09/2024	05/09/2024	Articles of Amendment - Domestic Corporation	2

** **** * End of list ***** ** *

I, Albert Schmidt, Secretary of the Commonwealth of Pennsylvania, do hereby certify that the attached document(s) referenced above are true and correct copies and were filed in this office on the date(s) indicated above.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

A handwritten signature in black ink, appearing to read "Albert Schmidt".

ALBERT SCHMIDT
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov



0013843608



COMMONWEALTH OF PENNSYLVANIA
Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722
Harrisburg, Pennsylvania 17105-8722
**ARTICLES OF AMENDMENT - DOMESTIC
CORPORATION**
Fee: \$70

Pennsylvania Department of State

-FILED-

Amendment #: 0013843608

Date Filed: 5/9/2024

B0689-2460 05/09/2024 8:28 AM Received by Pennsylvania Department of State

DSCB:15-1915/2104/2305/2704/2904/3304/5915/7104/7105/7106/7107 (rev. 7/2015)

In compliance with the requirements of 15 Pa.C.S. § 1915 / § 2104 / § 2305 / § 2704 / § 2904 / § 3304 / § 5915 / § 7104 / § 7105 / § 7106 / § 7107 (relating to articles of amendment/election/termination), the undersigned, desiring to amend its articles, hereby states that:

Record Information	
File number	0000714138
Current name	JDRF International
Date of incorporation	05/28/1970
Filing type	Domestic Non-Profit Corporation
Nonprofit filing subtype	Nonprofit Corporation
Business Subtype Change	
Change business filing subtype?	I do not want to change the filing subtype of the corporation
Corporate Name Change	
Nonprofit Corporation name	Breakthrough T1D
Reserved Name	Breakthrough T1D
Current Registered Office or Commercial Registered Office Provider	
Search for Commercial Registered Office Provider (CROP)	Harbor Business Compliance Corporation Commercial Registered Office Provider
Venue and Publication County	LANCASTER
New Registered Office	
I do not want to change the registered office	
Stock	
The corporation is organized on a nonstock basis	
Nonprofit Purpose	CHARITABLE SCIENTIFIC EDUCATION
Formation Statute	
Nonprofit corporation - select one	Nonprofit Corporation Law of 1988
Effective Date	
The filing shall be effective when filed with the Department of State	
Amendment adoption statement	
Select one of the following	The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).
Additional changes to the articles, if any	
Additional changes	There are no additional changes
Restated Articles	
<input type="checkbox"/> The restated Articles of Incorporation supersede the original articles and all amendments thereto.	

Certificate Verification No.: 038832937 Date: 07/05/2024

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned Corporation has caused these Articles of Amendment to be signed by a duly authorized officer.

Chief Legal and Risk
Officer/Secretary

Jesse Raben

Sign Here

05/09/2024

Date

Signer's Capacity