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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: Brooks, LeBoeuf,  | Foster, Gwartney, P.A.   |   |  |
|-------------------------|---|--|---|--|
| DOCUMENT NUM            |   |  |   |  |
|                         | s of Amendment and fee are su   | ibmitted for filing.   |   |  |
| Please return all corre | espondence concerning this ma   | atter to the following:  |   |  |
|                         | Rachael Favors  |  |   |  |
|                         |   | Name of Contact Person   | n   |  |
|                         | Brooks, LeBoeuf, Foster, Gwartney, P.A.   |  |   |  |
|                         |   | Firm/ Company  | ·   |  |
|                         | 909 E Park Avenue   |  |   |  |
|                         |   | Address  |   |  |
|                         | Tallahassee, Florida 32301  |  |   |  |
|                         | City/ State and Zip Code  |  |   |  |
|                         | Rachael@toomuchatstake.co   | ım   |   |  |
|                         | E-mail address: (to be us   | sed for future annual report                                       | notification)   |  |
|                         | on concerning this matter, plea   |  |   |  |
| Matthew K. Foster       |   | at (   | de & Daytime Telephone Number   |  |
| Name                    | of Contact Person   | Area Code & Daytime Telephone Numb                                 |   |  |
| Enclosed is a check for | or the following amount made  | payable to the Florida Depa  | artment 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)                |  |
| Am<br>Div<br>P.O        | iling Address<br>endment Section<br>ision of Corporations<br>. Box 6327<br>lahassee, FL 32314 | Amend<br>Divisio<br>The Co   | Address<br>Iment Section<br>on of Corporations<br>entre of Tallahassee<br>N. Monroe Street, Suite 810 |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

FILED

| ocument Number of        | Corporation (if known)   | IALLAHASSEE, FLOR  |
|--------------------------|--|--|
| orida Statutes, this $F$ |  |  |
| orida Statutes, this $F$ |  |  |
|                          | lorida Profit Corporation ac   | lopts the following amendment(s)   |
| e corporation:           |  |  |
|                          |  |  |
|                          |  | The new  |
| nc," or "Co". A          |  |  |
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| see                      |  | 32301  |
|                          | Tiv)   | , Florida <u> </u>   |
|                          | Inc." or "Co". A Substitution "P.A."  Able: ADDRESS)  BON  Setered office addre red office address: v K. Foster  ark Ave  (Florida stree | istered office address in Florida, enter the nan red office address: v K. Foster ark Ave  (Florida street address) |

Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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.

| X Change                   | PT           | <u>John Doe</u>   |                            |
|----------------------------|--------------|-------------------|----------------------------|
| X Remove                   | <u>V</u>     | Mike Jones        |                            |
| X Add                      | <u>sv</u>    | Sally Smith       |                            |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>       | Address                    |
| 1) Change                  | P            | Dean R. LeBoeuf   | 909 E Park Avenue          |
| Add X Remove               |              |                   | Tallahassee, Florida 32301 |
| X Change                   | P            | Matthew K. Foster | 909 E Park Avenue          |
| Add                        |              |                   | Tallahassee, Florida 32301 |
| Remove 3 ) Change          |              |                   |                            |
| Add                        |              |                   |                            |
| Remove                     |              |                   |                            |
| 4) Change                  |              |                   |                            |
| Add                        |              |                   |                            |
| Remove                     |              |                   |                            |
| 5) Change                  |              |                   |                            |
| Add                        |              |                   |                            |
| Remove                     |              |                   |                            |
| 6) Change                  |              |                   |                            |
| Add                        |              |                   |                            |
| Remove                     |              |                   |                            |

|  | ). (Be specific)   |  |                   |          |
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|  | <u>cnauge, reclassificati</u><br>mendment if not cont  | on, or cancenation<br>ained in the amend | ment itself:      |          |
| r an amenument provides for an ex-<br>provisions for implementing the an                                     | THE THE PARTY OF T |  |                   |          |
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| provisions for implementing the an<br>(if not applicable, indicate N/A)                                      |  |  |                   |          |
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| f an amendment provides for an ex<br>provisions for implementing the an<br>(if not applicable, indicate N/A) |  |  |                   |          |

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| The date of each amendment date this document was signed            |  | , if other than the |
|---|--|---------------------|
| Effective date if applicable:                                       | 02/01/2024   |                     |
|   | (no more than 90 days after amendment file date)   | <del></del>         |
| Note: If the date inserted in t<br>document's effective date on the | his block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.   | of be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |                     |
| ☐ The amendment(s) was/wer action was not required.                 | e adopted by the incorporators, or board of directors without shareholder action and sh  | areholder           |
| ■ The amendment(s) was/wer<br>by the shareholders was/we            | e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.  |                     |
| must be separately provided   | c approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):  cast for the amendment(s) was/were sufficient for approval |                     |
| by  | (voting group)   |                     |
| Dated   | cast for the amendment(s) was/were sufficient for approval  (voting group)  (voting group)   | 州 9: 52             |
| sel   | e a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)          |                     |
|   | Matthew K. Foster Mether K. Foster   |                     |
|   | (Typed or printed name of person signing)  |                     |
|   | President Officer  | <del></del>         |
|   | (Title of person signing)  |                     |