## NUU000007772

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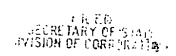


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## COVER LETTER



TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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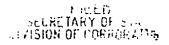
KIDSIDE, INC. NAME OF CORPORATION:		
N0000007772 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
MARIAN ESTEVEZ		
	(Name of Contact Perso	n)
KIDSIDE, INC		
	(Firm/ Company)	
1234 South Dixie Hwy # 1197		
<del></del>	(Address)	
Coral Gables, Florida 33146		
	(City/ State and Zip Coc	lc)
marian@kidsidemiami.org		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Marian Estevez	78 at	36-261-315
(Name of Contact Person)		rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Dep	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)
Mailing Address Amendment Section	Street Address Amendment Section	
Division of Corporations	Division of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



2018 JUL 27 PM '48 46

KIDSIDE, INC (Name of Corporation as currently filed with the Florida Dept. of State) N00000007772 (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: 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. 1234 South Dixie Hwy B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) # 1197 Coral Gables, Florida 33146 C. Enter new mailing address, if applicable: 1234 South Dixie Hwy (Mailing address MAY BE A POST OFFICE BOX) # 1197 Coral Gables, Florida 33146 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: (Florida street 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. 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: X Change X Remove X Add	<u>V</u> <u>Mi</u>	nn Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Arlys W. Raymond	545 Sabal Palm Rd.
x Add			Miami, Florida 33137
Remove			<del></del>
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art	enter change(s) here:	
(attach additional sheets, if necessary).	(Be specific)	
		 -

The date of each amendment(s) adopti-	on:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block document's effective date on the Departm	oes not meet the applicable statutory filing requirements, this date will no ment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
7/5/18 Dated		
Signature	at L	
have noybeen se	or vice chairman of the board, president or other officer-if directors rected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
Matt James		
	(Typed or printed name of person signing)	
Treasurer		
<del></del>	(Title of person signing)	