N0400005793

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14 JAN 10 PH 3: UI

SECRETARY OF STATE
TALL THE SCIENT PRIDA

'JAN 1 6 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Two Red	Roses Four	ndation Inc.	
DOCUMENT NUMBER: NO400005	793		
The enclosed Articles of Amendment and fee are subr	nitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Rodolfo Ciccarello			
	(Name of Contact Person)	
Two Red Roses Founda	tion Inc.		
	(Firm/ Company)		
4190 Corporate Court			
	(Address)		
Palm Harbor, FL 34683			
	(City/ State and Zip Code	*)	
email@tworedros	es.com		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please	call:		
Rudy Ciccarello	727	943-9900 de & Daytime Telephone Number)	
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	□\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of



14 JAN 10 PM 3:01

Two Red Roses Foundation		uldo Dant of State)	
(Name of Corporation as currently filed NO400005793	with the Fior	ida Dept. of State)	
	Number of Co	rporation (if known)	
'ursuant to the provisions of section 617.1006, Fl mendment(s) to its Articles of Incorporation:	lorida Statutes	s, this <i>Florida Not For Profit Corpor</i>	ration adopts the followi
A. If amending name, enter the new name of t	<u>he corporati</u>	on:	
n/a			The ne
name must be distinguishable and contain the wo "Company" or "Co." may not be used in the nat		ion" or "incorporated" or the abbre	viation "Corp." or "Inc.
· · · · · · · · · · · · · · · · · · ·		n/a	
B. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>			
		· · · · · ·	
			
C. Enter new mailing address, if applicable:		n/a	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>E BOX</u>)	11/G	
			.
O. If amending the registered agent and/or reg	gistered offic	e address in Florida, enter the nam	e of the
new registered agent and/or the new regist			
Name of New Registered Agent: n/a			
New Registered Office Address:	(Florida street address)	
New Registered Office Address.			
	(City)	, Florida	(Zip Code)
	• •		(inp conc)
lew Registered Agent's Signature, if changing hereby accept the appointment as registered ago			of the position.
	•	. •	
Signa	ture of New 1	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	PT John D V Mike Jo SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Jeff Sicilio	4190 Corporate Ct.
Add			Palm Harbor, FL
X Remove			34683
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
n/a	
·	

	e date of each amendment(s) adoption: 1/7/2014 e this document was signed.	, if other than the
	fective date if applicable: (no more than 90 days after amendment file date)	de talançan
Ad	option of Amendment(s) (CHECK ONE)	
	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.	
	Signature (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)	<u>.</u>
	Rodolfo Ciccarello	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	