## N0500000H72

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| THE M   | CDOUGLE F/                    | AMILY FOUNDATION  | N. INC.  |   |    |
|---|-------------------------------|---|--|---|----|
| N050000013<br>DOCUMENT NUMBER:  | 72                            |   |  |   |    |
|   |                               |   |  |   |    |
| The enclosed Articles of Amendment an                                   | l fee are submi               | tted for filing.  |  |   |    |
| Please return all correspondence concern                                | ing this matter               | to the following:   |  |   |    |
| STOCKAR MCDOUGLE  |                               |   |  |   |    |
|   | ()                            | Name of Contact Perso   | n)   |   |    |
| THE MCDOUGLE FAMILY FOUNDA  | TION, INC.                    |   |  |   |    |
|   | <del></del>                   | (Firm/ Company)   |  |   |    |
| 1955 N. FEDERAL HIGHWAY #207  |                               |   |  |   |    |
|   |                               | (Address)   |  |   |    |
| POMPANO BEACH, FL 33062   |                               |   |  |   |    |
|   | ((                            | 'ity/ State and Zip Cod   | le)  |   |    |
| INFO@MTIPREP.COM  |                               |   |  |   |    |
| E-mail addres   | s: (to be used I              | or future annual report   | notification                                       | 1)  |    |
| For further information concerning this n                               | uitter, please ca             | ill:  |  |   |    |
| STOCKAR MCDOUGLE  |                               | 75.<br>at   | 4  | 900-1554  |    |
| (Name of Ce   | ntact Person)                 | (A)   | rea Code)  | (Daytime Telephone Numbe                                  | r) |
| Enclosed is a check for the following am                                | ount made pays                | ible to the Florida Dep   | artment of   | State:  |    |
| ■ \$35 Filing Fee □\$43.75 Fi<br>Certifica                              | ling Fee & - C<br>e of Status | 1\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certif<br>Certif                                   | ) Filing Fee icate of Status ied Copy tional Copy is sed) |    |
| Mailing Address Amendment Section Division of Corporation P.O. Box 6327 | าร                            | Amene<br>Divisie  | Address<br>Iment Sect<br>on of Corpo<br>entre of T |   |    |

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| THE MCDOUGLE FAMILY FOUNDATION, INC.   |                                 |                                |  |
|--|---------------------------------|--------------------------------|--|
| (Name of Corporation as currently filed with the Florida   | Dept. of State)                 |                                | ······································ |
| N05000001472   |                                 |                                |  |
| (Document Num  | ber of Corporation (            | if known)                      |  |
| Pursuant to the provisions of section 647,1006, Florida Statu amendment(s) to its Articles of Incorporation:   | tes, this <i>Florida No</i>     | t For Profit Corporation ad    | opts the following                     |
| A. If amending name, enter the new name of the corpora   | <u>ition:</u>                   |                                |  |
| FIRSTABILITY, INC  |                                 |                                | The new                                |
| name must be distinguishable and contain the word "corpore" Company or "Co," may not be used in the name.  | ation" or "incorpor             | ated" or the abbreviation "(   |  |
| B. Enter new principal office address, if applicable:  |                                 | N/A                            |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>  | ()                              |                                | 1201                                   |
|  |                                 |                                | 1021 LCT 12 P                          |
| •  |                                 |                                |  |
| C. Enter new mailing address, if applicable:   |                                 | NUA                            | ·~                                     |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )   |                                 | N/A                            |  |
|  |                                 |                                |  |
|  |                                 |                                |  |
| D. If amending the registered agent and/or registered off new registered agent and/or the new registered office  | ice address in Flor<br>address: | ida, enter the name of the     |  |
| Name of New Registered Agent:  |                                 | N/A                            | ···                                    |
|  |                                 |                                |  |
| New Registered Office Address:   |                                 | (Florida street address)       |  |
|  | ···                             | , Florida_                     | <del></del>                            |
|  | (City)                          | (Zip C                         | ode)                                   |
| New Registered Agent's Signature, if changing Registered<br>I hereby accept the appointment as registered agent. I am for<br>the control of the second se |                                 | rept the obligations of the po | sition.                                |
| <u>S</u>   | lignature of New Re             | gistered 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:

tAttach 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 = Chairmon 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<br>V<br>SV            | John Doe<br>Mike Jones<br>Sally Smith                        |                 |
|---|--------------------------|--|-----------------|
| Type of Action<br>(Check One)                             | Title                    | Name   | <u>Addres</u> s |
| 1) Change<br>Add  |                          |  |                 |
| Remove  |                          |  |                 |
| 2) Change Add   |                          |  |                 |
| Remove 3 ) Remove Add Remove                              |                          |  |                 |
| 4) Change Add   |                          |  |                 |
| Remove  |                          |  |                 |
| 5) Change Add   |                          |  |                 |
| Remove  |                          |  |                 |
| 6) Change<br>Add  |                          |  |                 |
| Remove  |                          |  |                 |
| E. <u>If amending or addin</u><br>(attach additional shee | g additio<br>ts. if nece | mal Articles, enter change(s) here:<br>wsary). (Be specific) |                 |
|   |                          | N/A  |                 |
|   |                          |  |                 |
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|   |   |                                       |
| The date of each amendment(s) ac date this document was signed.               | loption:  | , if other than the                   |
| Effective date if applicable:   |   |                                       |
| Effective date if applicante:   | (no more than 90 days after amendment file date)  | <del> </del>                          |
| Note: If the date inserted in this blo<br>document's effective date on the De | eck does not meet the applicable statutory filing requirements, this dapartment of State's records. | te will not be listed as the          |
| Adoption of Amendment(s)  | ( <u>CHECK_ONE</u> )  |                                       |
| ☐ The amendment(s) was/were ac was/were sufficient for approva                | lopted by the members and the number of votes cast for the amendm                                   | ent(s)                                |

|         | 10/1/2021  |
|---------|--|
| Dated   | <del></del>  |
|         |  |
| Signate | ire )  |
|         | (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) |
|         | STOCKAR MCDOUGLE   |
|         | (Typed or printed name of person signing)  |
|         |  |