## N0900004468

| (Re                     | equestor's Name)   |             |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bı                     | usiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATE             | ON:  | L INC   |  |  |           |                |    |
|-------------------------------|--|---|--|--|-----------|----------------|----|
| DOCUMENT NUMBER:              | .\09000004468                              |   |  |  |           |                |    |
| The enclosed Articles of An   | nendment and fee are sub-                  | mitted for filing.  |  |  |           |                |    |
| Please return all correspond  | ence concerning this matte                 | er to the following   | :  |  |           |                |    |
| JOCELYN E CARPENTEE           | ι  |   |  |  |           |                |    |
| ·                             |  | (Name of Comac  | Person)  |  |           |                | _  |
| KIDS WITH A CALL INC          |  |   |  |  |           |                |    |
|                               |  | (Firm/ Comp   | any)   |  |           |                |    |
| 1022 W BERRY AVENUE           |  |   |  |  |           |                |    |
|                               |  | (Address  | )  |  |           |                |    |
| TAMPA, FLORIDA 33603          |  |   |  |  |           | 144 4300       |    |
|                               |  | (City/ State and Z  | ip Code)   |  | LAHASSEI  | 28             |    |
| E                             | -mail address: (to be used                 | for future annual   | report notific                                       | ation)   | SH.       | <del>-</del> - |    |
| For further information con-  | cerning this matter, please                | call:   |  |  | FA        | 94:1           |    |
| JOCELYN E CARTER              |  |   | 813  | 545-3521   | [11]      | Ŭ.             |    |
|                               | (Name of Contact Person                    | )   | (Area Coe  | le) (Daytime Te  | lephone i | Numbe          | r) |
| Enclosed is a check for the t | following amount made pa                   | yable to the Flori  | ia Departmen   | t of State:  |           |                |    |
| ■ \$35 Filing Fee             | ☐S43.75 Filing Fee & Certificate of Status | □\$43.75 Filing F<br>Certified Copy<br>(Additional copenclosed) | Co<br>y is Co<br>(A                                  | 2.50 Filing Fee entificate of Status entified Copy additional Copy is nelosed) |           |                |    |
|                               | ent Section<br>of Corporations             |   | Street Addre Amendment S Division of C The Centre of | Section  |           |                |    |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

KIDS WITH A CALL INC

| (Name of Corporation as currently filed with the Fl   | orida Dept. of State)  |
|---|--|
| N09000004468  |  |
| (Document   | Number of Corporation (if known)                                       |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:  | Statutes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the co   | rporation:   |
|   | The new  |
| name must be distinguishable and contain the word "c<br>"Company" or "Co," may not be used in the name. | orporation" or "incorporated" or the abbreviation "Corp." or "Inc."    |
| B. Enter new principal office address, if applicable  |  |
| (Principal office address <u>MUST BE A STREET ADD</u>   | ORESS )  |
|   |  |
|   |  |
| C. Enter new mailing address, if applicable:  |  |
| (Mailing address MAY BE A POST OFFICE BO)   | So Title   |
|   | SO P   |
|   | FA -   |
| D. If amending the registered agent and/or register   | ad office address in Florida, enter the name of the                    |
| new registered agent and/or the new registered of   |  |
| Name of New Registered Agent:   |  |
|   | ·  |
|   | (Florida street address)   |
| New Registered Office Address:  |  |
| _   | , Florida  |
|   | (City) (Zip Code)  |
| New Registered Agent's Signature, if changing Regi  |  |
| I hereby accept the appointment as registered agent. I  | l 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                      |              | Doe<br>Jones<br>Smith                             |  |
|--|--------------|---|--|
| Type of Action<br>(Check One)                          | Title        | <u>Name</u>                                       | <u>Addres</u> s                            |
| 1) Change Add  | <u>BOARD</u> | ANDRANA GOUGH                                     | 5304 N ROME AVENUE<br>TAMPA, FLORIDA 33603 |
| Remove   |              |   |  |
| 2) Change Add  |              |   |  |
| Remove   |              |   |  |
| 4) Change Add  |              |   | 7 28 PI                                    |
| Remove   |              |   |  |
| 5) Change Add  |              |   | TATE FL                                    |
| Remove   |              |   |  |
| 6) Change<br>Add                                       |              |   |  |
| Remove   |              |   |  |
| E. <u>If amending or add</u><br>(attach additional sho |              | rticles, enter change(s) here:<br>. (Be specific) |  |
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| The date of each amendment(s) adopt date this document was signed.                  | tion:   | _, if other than the                           |
| Effortive data if applicables   |   |  |
| Effective date if applicable:   | (no more than 90 days after amendment file date)  | ·  |
|   |   |  |
| Note: If the date inserted in this block of document's effective date on the Depart | does not meet the applicable statutory filing requirements, this date will not liment of State's records. | be listed as the                               |
| Adoption of Amendment(s)  | (CHECK ONE)   |  |
| ☐ The amendment(s) was/were adopt was/were sufficient for approval.                 | ed by the members and the number of votes cast for the amendment(s)                                       |  |

| Dated     | 5/1/2024   |
|-----------|--|
| 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) |
|           | JOCELYN E CARPENTER  |
|           | (Typed or printed name of person signing)  |
|           | PRESIDENT  |
|           | (Title of person signing)  |

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

2024 BLY 28 PH 1: 46