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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	tion, INC
N10000011448 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Gretchen Ortiz	
	(Name of Contact Person)
Law Office of Gretchen M Ortiz	
	(Firm/ Company)
3457 Edgewater Drive	
	(Address)
Orlando, FL 32804	
	(City/ State and Zip Code)
eliamaud28@gmail.com	
E-mail address: (to be	e used for future annual report notification)
For further information concerning this matter, p	dease call:
Gretchen Ortiz	407 627-1797 at
(Name of Contact P	
Enclosed is a check for the following amount ma	nde payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing F Certificate of St	tee & 🗆\$43.75 Filing Fee & — \$52.50 Filing Fee tatus
Mailing Address	Street Address

<u>Mailing Address</u>

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Hi Kid Foundation, INC					
(Name of Corporation	as currently filed with the Flor	ida Dept. of State)			
N10000011448					
(Docu	ment Number of Corporation (if k	nown)			
Pursuant to the provisions of section 617.1006. Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following			
A. If amending name, enter the new name of th	e corporation:				
name must be distinguishable and contain the wor "Company" or "Co," may not be used in the nam		The new I" or the abbreviation "Corp." or "Inc."			
B. Enter new principal office address, if applications					
(Principal office address MUST BE A STREET)	<u>(DDRESS</u>)	_			
		2019 N SEC:			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	AHASS			
		TE PLAN			
D. If amending the registered agent and/or reginew registered agent and/or the new registe		enter the name of the			
Name of New Registered Agent:	Elizabeth Arnaud				
	3211 VINELAND RD 296				
New Registered Office Address	(Florida street address)				
	Kissimmee	, Florida 34746			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept	the obligations of the position.			
	CHYMIN / My Signature of New Regist	tered 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 J SV Sally S	<u>lones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove			
2) Change Add Remove 3) Change			
Add Remove 4) Change Add			
Remove Change Add			
Remove 6) Change Add Remove			

attach additional sheets.	ij necessaryy.	(De specific)					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the a was/were sufficient for approval.	imendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s adopted by the board of directors.	s) was/were
05/28/2019 Dated	
Signature	
(By the chairman or vice chairman of the board, president or other officer have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	-if directors , trustee, or
Elizabeth Arnoud	
(Typed or printed name of person signing)	
Director President	
(Title of person signing)	