N18000002269

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of 2/18/2023

COVER LETTER

TO: Amendment Section **Division of Corporations**

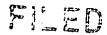
Tallahassee, FL 32314

NAME OF CORPORATION: Two Titmice Fou	ndation Inc.			
DOCUMENT NUMBER: N18000002269				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
Kristan Malin				
	(Name of Contact Pers	son)		
Two Titmice Foundation Inc.				
	(Firm/ Company)			
13 N. Roscoe Blvd.				
	(Address)			
Ponte Vedra Beach, FL 32082				
	(City/ State and Zip Co	ode)		
kmalin63@gmail.com E-mail address: (to be u	sed for future annual repo	rt notification	1)	
For further information concerning this matter, plea	ase call:			
Kristan Malin	at		382-5526	
(Name of Contact Pers	Son) (Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	e payable to the Florida De	epartment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu		Certif Certif	icate of Status ied Copy tional Copy is	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divis	et Address endment Sectionsion of Corpo Centre of T	orations	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



Two Titmice Foundation Inc.		2022 HOV 30 AM 10: 42
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
N18000002269		SEUTE: UP STATE TALLAMASSEE.FT
(Document N	Number of Corporation (if known)	THE ENTINGUEL FL
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For Profi</i>	t Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:	
		The new
name must be distinguishable and contain the word "cor" "Company" or "Co." may not be used in the name.	poration" or "incorporated" or th	e abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PESS)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))	
		
D. If any live the contract of the section of		Alexander Cabo
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		the name of the
Name of New Registered Agent:		
	(Florida str	eet address)
New Registered Office Address:	·	·
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the second of the second		igutions of the position.
	Signature of New Registered Ag	gent, 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	S	Lisa Frick	1858 Woodhaven Circle Sarasota, FL 34232
× Remove			
2) Change Add	•		
Remove 3) Remove Add Remove			
4) Change Add		_	
Remove 5) Change Add Remove			
6) Change Add			
E. If amending or addin (attach additional shee	g additio	onal Articles, enter change(s) here: essary). (Be specific)	

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, this date will not be listed as the document's effective date on the Department of State's records.
Adoption 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.

•	Durad	11/28/22
	Dated	1 AT M VI MM
	Signature	Kustan Molin
	(1	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)
		Wilson M. Pa
		Kristan Malin
		(Typed or printed name of person signing)