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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Mom's Guide to Rol	ootics Inc.			
DOCUMENT NUMBER: .	N18000009098				
The enclosed Articles of Am					
Please return all corresponde	ence concerning this matter	to the following:			
Tania Thollebeke					
		Name of Contact Person	on)		
Mom's Guide to Robotics	Inc.				
		(Firm/ Company)			
16926 Caravaggio Loop					
		(Address)			
Montverde, FL 34756					
		City/ State and Zip Co	de)		
tania@momsguidetorobot	ics.org				
5	-mail address: (to be used	or future annual repor	i notification	1)	
For further information conc	erning this matter, please c	all:			
Tania Thollebeke		3 at	52	678-8844	
_	(Name of Contact Person)			(Daytime Telephone N	umber)
Enclosed is a check for the fo	ollowing amount made pay	able to the Florida Dep	partment of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status		Certifi Certifi	O Filing Fee icate of Status ed Copy tional Copy is used)	
P.O. Box 6	nt Section Corporations	Amen Divisi Clifto	t Address adment Secti ion of Corpo on Building Executive C	orations	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Mom's Guide to Robotics Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N18000009098 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: .Florida _ (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I 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, at 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 i. 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>V</u> <u>Mil</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	David Duane Sankey	1730 NW 31st Place
X Add			Gainesville, FL 32605
Remove			
X 2) Change	cvo c	Tania Thollebeke	16926 Caravaggio Loop
Add			Montverde FL 34756
Remove			
3) Change			
Adđ			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

N/A	
	_
	_
	_
	_

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 document's effective date on the Department	not meet the applicable statutory filing requirements, this date wat of State's records.	fill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s	s)
There are no members or members enti- adopted by the board of directors.	itled to vote on the amendment(s). The amendment(s) was/were	
05/12/2019 Dated		
Signature	trettluf 3	
have not been selec	vice chairman of the board, president or other officer-if directors ted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)	
Tania Thollebe	ke	
	(Typed or printed name of person signing)	
Chief Volunteer	ring Officer, Chairwoman of the Board of Directors	
	(Title of person signing)	