N180000 12799

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TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Dixie Dharma Kids ON:	Inc.		•	
	N18000012799				
DOCUMENT NUMBER:				<u> </u>	
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.			
Please return all correspond	lence concerning this matt	er to the following:			
Michelle Cragan					
		(Name of Contact Per	son)		
MSH CPAs					
		(Firm/ Company)			
707 E Colonial Dr					
		(Address)			
Orlando, FL 32803					
		(City/ State and Zip Co	ode)		
michelle@orlando-account	ing.com				
F	E-mail address: (to be used	for future annual repo	rt notification	1)	
For further information con	cerning this matter, please	call:			
Michelle Cragan			407	228-0700	
•	(Name of Contact Person			(Daytime Telephone Number)	
Enclosed is a check for the	following amount made p	ayable to the Florida De	epartment of	State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is sed)	
3.1	.	£			

Mailing Address

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Dixie Dharma Kids Inc.			
(Name of Corporation as currently filed with the Florida I	ept. of State)		
N18000012799			
(Document Number	er of Corporatio	n (if known)	
Pursuant to the provisions of section 617.1006. Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida i</i>	Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporati	on:		
Florida Dharma Foundation Inc.			The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorp	orated" or the abbreviation "Corp."	
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	•		20
			C.S.
			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		Ċı
			- ယ
			<u>~</u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office at N/A		orida, enter the name of the	
Name of New Registered Agent:		_	
		(Florida street address)	
New Registered Office Address:			
		Florida	
	(City)	(Zīp Code)	
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fan		accept the obligations of the position.	
Siz	gnature 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>N</u>	ame	Address
1) Change Add	D		Cameryn Rivera	707 E Colonial Dr Orlando, FL 32803
× Remove				
2) Change Add	D	<u>J</u> ;		707 E Colonial Dr Orlando, FL 32803
X Remove 3) Change X Add Remove	D	<u>B</u>		707 E Colonial Dr Orlando, FL 32803
4) Change Add				
Remove				
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or addir (attach additional shee				
N/A				
	_			

		
		
	7/22/2020	
The date of each amendment(s) adoption:	72272020	_, if other than the
date this document was signed.		
Effective date if applicable: 7/1/2020		
(n	to more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not be tof State's records.	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

Dated	7/31/20
Signature _	
h	y the chairman or vice chairman of the board president of other officer-if directors ave not been selected; by an incorporator—if in the hands of a receiver, trustee, or their court appointed fiduciary by that fiduciary)
	Shaun Noonan
	(Typed or printed name of person signing)

(Title of person signing)