N19000006000

(Re	questor's Name)	
(Ad	dress)	-
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TTEN INC.
N19000006000 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
THOMAS E HIGHSMITH	
	(Name of Contact Person)
	(Firm/ Company)
819 SAINT MICHEL DRIVE	
	(Address)
ROCKLEDGE, FLORIDA 32955	
	(City/ State and Zip Code)
THOMAS.HIGHSMITH@ATT.NET	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
THOMAS E HIGHSMITH	321 704-2209 at
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount r	nade payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of S	
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

URNOT4GOTTEN INC		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N19000006000		
(Document	Number of Corporation (if known	own)
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 "co "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 MUST BE A STREET ADD	<u>RESS</u>)	70
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	K I	2071 JUN 29 PH 12: 09
(Manual Casa Mari Day Miles Control Do)		
		09
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
new registered agent and/or the new registered to	THE AUGICASI	
Name of New Registered Agent:	1-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	/E1-	rida street address)
New Registered Office Address:	(rm	ua sireei aaaress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered agent.		he obligations of the position.
	Signature of New Register	red Agant if changing
	signature of New Register	са луст, у спануту

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 Do Mike Jo Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add	-	_		
Remove				
2) Change Add		_		
Remove 3) Remove Add Remove		_		
4) Change Add				
Remove				
5) Change Add	-	_		
Remove				
6) Change Add		_		
Remove				
E. If amending or additional sheet			icles, enter change(s) here: (Be specific)	
Provide decription: Help	oing to sh	ape the li	ves of underrepresented children by providing	scholarships for kids to participate
in youth sports and comr				
		. –		

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	<u> </u>	 -
The date of each amendment(s) adopti date this document was signed.	on:	, if other than the
Effective date if applicable:		
Effective date if applicable.	(no more than 90 days after amendment file date)	•
	oes not meet the applicable statutory filing requirements, this date will not be	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated June 25th, 2021 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)
Thomas E Highsmith
(Typed or printed name of person signing)
President

(Title of person signing)