N1900000 7289

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(City	/State/Zip/Phone	÷ #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	iter Foundation, Inc.	·	
N19000007289			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Samantha Gentrup			
	(Name of Contact P	erson)	
Hands Along The Water Foundation, Inc.			
	(Firm/ Compan	y)	- 1
1308 Laurel Avenue			
	(Address)		· · · · · · · · · · · · · · · · · · ·
Venice, FL 34285			
	(City/ State and Zip	Code)	
samantha.gentrup@handsalongthewater.com			
E-mail address: (to be used	for future annual rep	port notification)
For further information concerning this matter, please	call:		
Samantha Gentrup	at	513	967-8575
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida	Department of S	State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status		Certifi is Certifi	O Filing Fee cate of Status ed Copy tional Copy is sed)

Mailing Address

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

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ι . Α.	of .	- , ,
Hands Alone	The Water to	oundations sprac.P
(Name of Corporation as	currently filed with the Flo	orida Dept. of State) St. Post Con P. Cont.
√\19 <i>\</i> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	159	ALLAHASSEE, FIG
(Document)	t Number of Corporation (if	
(Dictine)	ervanioer or corporation (ii	KIKOWIII
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		**!
name must be distinguishable and contain the word "c		The new
name must be aistinguishable and contain the word—c "Company" or "Co." <u>may not be used in the name</u> .	orporation or incorporati	ea or the amoreviation Corp. (ii Inc.
B. Enter new principal office address, if applicable		
Principal office address MUST BE A STREET ADD	PRESS)	
		т.
~ ~ ~		
C. Enter new mailing address if applicables (Mailing address MAY BE A POST OFFICE BO.	X)	
(mailing address MAT BE A TOST OF THE BOX	<u> </u>	
D. If amending the registered agent and/or register	ed office address in Florid:	a, enter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:		
Munic of thew Registered Agent.	***	
<u> </u>		
New Registered Office Address:	t.	Florida street address)
ivew negistered Office Audress.		
		, Florida
	(City)	(Zip Code)
Now Designated Agent's Signature if changing Des	istored Avent:	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ot the obligations of the position.
accept approximation an against an agent	, , , , , , , , , , , , , , , , , , ,	······································
	Signature of Man Door	istered Agent, if changing
	Signature of New Regi	mereu agem, y 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	V Mike	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	VP	Dawn M. Champiny	610 Barcelona Avenue
Add			Venice, FL
X Remove			34286
2) Change			
Add			
Remove			
3) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

F. If amending or adding additional Art (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
400	
MC-1111	

The	e date of each amendment(s)	August 25, 2019	, if other than the
	this document was signed.	auoption.	_, if other than the
E et.	Active date <u>if applicable</u> :	ugust 25, 2019	
EIR	ective date it applicable.	(no more than 90 days after amendment file date)	
		block does not meet the applicable statutory filing requirements, this date will not b Department of State's records.	e listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were was/were sufficient for appro-	adopted by the members and the number of votes cast for the amendment(s) oval.	
	There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.	
	August 2 Dated	5, 2019	
	Signature	Postrup	
	(By the ch	airman or vice chairman of the board, president or other officer-if directors	-
		been selected, by an incorporator – if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)	
	Samar	ntha Gentrup	
		(Typed or printed name of person signing)	
	Presid	ent	
		(Title of person signing)	