N19000010653

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2022 JAN 12 AH 11: 09

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	B's Daughters Inc.			-
DOCUMENT NUMBER:				
The enclosed Articles of Amendment an	d fee are submitted for f	iling.		
Please return all correspondence concern	ing this matter to the fol	lowing:		
Cynthia Sharpe				
	(Name of 0	Contact Person)		<u> </u>
Harriet B's Daughters, Inc				
	(Firm/	Company)		
13114 Slater St				
	(A	ddress)		
Overland Park, KS				
	(City/ State	e and Zip Code)		
cynthia.sharpe@gmail.com				
E-mail addres	s: (to be used for future	annual report no	otificatio	n)
For further information concerning this r	natter, please call:			
Cynthia Sharpe		913 at		7069352
(Name of Co	ontact Person)	(Are	a Code)	(Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to th	e Florida Depar	tment of	State:
☐ \$35 Filing Fee ■\$43.75 F Certifica	te of Status Certified	l Copy nal copy is	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327	ns	Street A Amendn Division The Cei	nent Sect of Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

FILED

Harriet B's Daughters Inc. 2022 JAN 12 AM 11: 09 (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE N19000010653 (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: Harriet B's Descendants Inc. 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. Not applicable B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: Not applicable (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: Not applicable Name of New Registered Agent: (Florida street address) New Registered Office Address: _. Florida <u>__</u> (Zip Code) (Citv) 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, 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	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional shee		icles, enter change(s) here: (Be specific)	
Not applicable			
	<u> </u>		

		
		
		
		
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The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departme	is not meet the applicable statutory filing requirements, this date will not bent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

adopted by the board of d	irectors.
Dated	23121
Signature	of I The locals
(1) ile have n	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	Cyrlua E Shape (Typed or printed name of person signing)
	President

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were