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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Free Bikes 4 Kidz Ta	impa Bay Inc.		
N20000009665 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subr	<u>-</u>		
•	•		
Please return all correspondence concerning this matter	er to the following:		
Randall P. Hallier			
	(Name of Contact Per	son)	
Free Bikes 4 Kidz Tampa Bay Inc.			
	(Firm/ Company)		
5335 61st Ave. S.			
	(Address)		
St Petersburg FL 33715			
	(City/ State and Zip C	ode)	<del>, .</del>
randy.hallier@creativeplanning.com			
E-mail address: (to be used	for future annual repo	rt notification	1)
For further information concerning this matter, please	call:		
Randall P. Hallier	at	913	269-3151
(Name of Contact Person	) (	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status icd Copy tional Copy is used)
Mailing Address		et Address	
Amendment Section Division of Corporations		indment Secti sion of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

Free Bikes 4 Kidz Tampa Bay Inc.		
(Document Nur	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corpord	ation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbrevi	iation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S</u> )	
		\$ <b>202</b>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10
(Mutting dutress MAT BE A FOST OFFICE BOA)		
D. If amending the registered agent and/or registered o	flice address in Florida, enter the name	of the
new registered agent and/or the new registered office		<u>or the</u>
Name of New Registered Agent:		
- Auto of the August W. Agest.		
	(Florida street address)	
New Registered Office Address:		
	, I	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am		of the position.
	Signature of New Registered Agent, if ch	anging

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 Do           V         Mike Jo           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		Faith Oremland	4900 Brittany Dr. S Unit 106 St Petersburg FL 33715
× Remove			
2) Change Add		Steve Oremland	4900 Brittany Dr. S Unit 106 St Petersburg FL 33715
x Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add	<del></del>		
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
			+C-+
	•	<del> </del>	

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		<del></del>
	<del></del>	<del></del>
		<del></del>
The date of each amendment(s) adoptions date this document was signed.	07/15/2021	_, if other than the
Effective data if applicable: 07/15/2021		
Effective date <u>if applicable</u> : $\frac{6071572021}{0}$	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 will not it of State's records.	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 east for the amendment(s)	

	07/15/2021
Dated	
Ci at	Maria Polari
	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)
	· · · · · · · · · · · · · · · · · · ·
	other court appointed fiduciary by that fiduciary)
	other court appointed fiduciary by that fiduciary)  Randall P. Hallier