N20000012245

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COVER LETTER

TO: Amendment Section '
Division of Corporations

| NAME OF CORPORATION: | takers of Franklin Coun | ty | | |
|---|-------------------------------------|-----------------------|--------------------|--|
| N2000001224; | 5 | | | |
| The enclosed Articles of Amendment and I | ee are submitted for fili | ng. | • • • • • | |
| Please return all correspondence concerning | g this matter to the follo | wing: | | |
| David Jones | | | | |
| | (Name of Co | ntact Person) | | |
| The ToyMakers of Franklin County | | | | |
| | (Firm/ C | ompany) | | |
| 127 Colorado Street | | | | |
| | (Add | lress) | | |
| Carrabelle, FL 32322 | | | | |
| | (City/ State a | nd Zip Code) | | |
| minttobe(a)outlook.com | | | | |
| E-mail address: | (to be used for future an | nual report no | iilicatioi | 1) |
| For further information concerning this mat | ter, please call: | | | |
| David Jones | | 850 | | 646-3022 |
| (Name of Cont | act Person) | at (Area | Code) | (Daytime Telephone Number) |
| Enclosed is a check for the following amou | nt made payable to the f | Torida Departi | ment of l | State: |
| ■ \$35 Filing Fee □\$43.75 Filin Certificate o | ng Fee & □\$43.75 Fili of Status | ору | Certifi Certifi |) Filing Fee cate of Status ed Copy ional Copy is sed) |
| Mailing Address | | Street Ad | | |
| Amendment Section Division of Corporations | | Amendme Division c | | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 \mathbf{of}

FILED

The ToyMakers of Franklin County, 10e

2022 SEP -6 AM 9: 59

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE, FL N20000012245

| (Document Numb | ber of Corporation (if known) |
|---|--|
| Pursuant to the provisions of section 617,1006, Florida Statut amendment(s) to its Articles of Incorporation: | tes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporal | |
| name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name | The new ation" or "incorporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> | NIA |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | NIA |
| D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a | address: |
| Name of New Registered Agent://_ | <u>/</u> A |
| New Registered Office Address: | tFlorida street addresss |
| <u> </u> | A |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa | |
| | The same of New Market and American |

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; FR. 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 De V Mike Je SV Sally St | <u>ones</u> | |
|---|--|--|--|
| Type of Action (Check One) | <u>Title</u> | <u>N'ame</u> | Address |
| 1) Change _ <u>* Add</u> | Director | Judy F. Jones | E27 Colorado Street Carrabelle, F1, 32322 |
| Remove 2) Change × Add | Director | Joseph M. Schuetz | 740 Alligator Drive Alligator Point, FL 32346 |
| Remove 3) Remove 4 Add Remove | | | |
| 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6) Change Add | | | |
| E. If amending or addir (attach additional shee | | cles, enter change(s) here: (Be specific) | |
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| The date of each amendment date this document was signed | (8) adoption: | if other than the |
| Effective date if applicable: | August 31,2022 | |
| | (no more than 90 days after amendment file date) | |
| <u>Note:</u> If the date inserted in the document's effective date on the | is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records. | e listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/w was/were sufficient for ap | ere adopted by the members and the number of votes east for the amendment(s) aproval. | |

| | | August 2, 2022 |
|-----|----------|--|
| Di | ted _ | |
| Sis | nature _ | Clink on m |
| | | y the chairman or vice chairman of the board, president or other officer-if directors |
| | | ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary) |
| | | · |
| | | ther court appointed fiduciary by that fiduciary) |

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