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TALLAHASSEE, FL

0/- 5/30/2025

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	ndation Inc		_	
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	submitted for filing.			-
Please return all correspondence concerning this i	matter to the followin	g:		
Brad M Beatty				
	(Name of Conta	ct Person)	<u> </u>	
	(Firm/ Com	pany)	·-	
2150 N 14 TH STREET				
	(Addres	s)		· · · · · · · · · · · · · · · · · · ·
Washoughal Wa. 98671				
	(City/ State and)	Zip Code)		
bbeattybrdi@gmail.com				
E-mail address: (to be	used for future annua	I report no	otificatio	n)
For further information concerning this matter, ple	ease call:			
Brad M Beatty		941 at		815-7373
(Name of Contact Per	rson)		(Code	(Daytime Telephone Number)
Enclosed is a check for the following amount mad	le payable to the Flori	ida Depar	tment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		r	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street A Amendar Division The Cer	ent Sect of Corpo	

(B)

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Lillian Bay Foundation Inc

FILED

(Name of Corporation as currently filed with the Florida)	Dept. of State)	2025 APR -8	AM 7: 15
N22000004087			
(Document Numb	er of Corporation (if known)	TALLAHAS	SEE, FL
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit Co</i>	orporation adopts th	e following
A. If amending name, enter the new name of the corporat	<u>ion:</u>		
			The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the al	phreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:	2150 N 14Th Street		
(Principal office address MUST BE A STREET ADDRESS	Washoughal wa 98671	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2150 N 14Th street		_
	Washoughal wa 98671		_
		·	
D. If amending the registered agent and/or registered office	ce address in Florida, enter the	name of the	
new registered agent and/or the new registered office a	<u>ddress:</u>		
Name of New Registered Agent:		_	
	(Florida street ac	ldress)	
New Registered Office Address:			
		Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: niliar with and accept the obligate	ions of the position.	
Sig	gnature 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 John SV SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Madison Beatty	260 IST AVE S STE 200 BOX 328
× Remove			
2) Change Add	D	Nikki Kiehl	260 1ST AVE S STE 200 BOX 328
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change			
Add Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
	-	<u> </u>	
	<u>-</u>		
			
			-



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		_
		
		
		
The date of each amendment(s) adopt date this document was signed.	ion: Apr 1 2025	, if other than the
- Apr 1.70	025	
Effective date <u>if applicable</u> : April 20	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Depart	loes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	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)	

er-if directors
er, trustee, or