N22000004910

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SECRETARY OF STATE

DEC 08 2022

COVER LETTER

TO: Amendment Section Division of Corporations

Kids First Fund	ing, Inc.		
NAME OF CORPORATION:			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this			
Marie Hastings			
	(Name of Contact Po	erson)	
Kids First Funding, Inc.			
	(Firm/ Company	v)	
1804 Fort Hamer Road			
	(Address)		
Parrish, FL 34219			
	(City/ State and Zip	Code)	
kff@kidsfirstfunding.org			
	e used for future annual re	port notificatio	n)
For further information concerning this matter.	please call:		
Marie Hastings		415	205-7740
(Name of Contact I	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing F		E& I\$52.5 Certif is Certif (Add	to Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section		treet Address mendment Sec	tion
Amendment section		Division of Cornorations	

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 of

Kids First Funding, Inc.	
(Name of Corporation as currently filed with the Florida	Dept. of State)
N22000004910	
(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 corpora	<u>ition:</u>
name must be distinguishable and contain the word "corpore "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	The new atton" or "incorporated" or the abbreviation "Corp." or "Inc." N/A
<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, enter the name of the eaddress:
Name of New Registered Agent:	MA
V D d. dans J. Olikan J. Idrave	(Florida street address)
New Registered Office Address:	√
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	ed Agent: 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 I V Mike SV Sally 5	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Clange Add	D	James Hutton	Bradenton, FL 34205
×Remove			
2) Change Add	<u>D, VP</u>	Eric Knox	90 North Main Street Honcove Falls, NY 14472
Remove 3) × Change Add Remove	<u>D. S. T</u>	Marie Hastings	1804 Fort Hamer Road Parrish, FL 34219
4) × Change Add	<u>D. P</u>	Robert DuPuv	Parrish, FL 34219
Remove Change	MA	NA	N/A
Remove Change Remove Remove	<u> </u>	<u>M/A</u>	NIA
1	ling additional A weets, if necessary	articles, enter change(s) here:). (Be specific)	
NIA			

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

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 5/23/2022
(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)
Marie Hastings
(Typed or printed name of person signing)
Director, Secretary
(Title of person signing)