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To:

Division of Corporations

Fax Number

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From:

Account Name : FAEHNER PLLC Account Number : I20170000081 Phone : (727)306-0202

Fax Number : (727)474-9949

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MAY 3 0 2024 D CUSHING TO: Amendment Section

COYER LETTER

Division of Corporations					
NAME OF CORPORATION:	ND REMEMBER FOL	INDATION, I	NC.		_
DOCUMENT NUMBER:					.
The enclosed Articles of Amendment and fee are sub	omitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
MICHAEL J. FAEHNER, ESQ.					
	(Name of Contact Pe	rson)	<u> </u>		
FAEHNER, PLLC					
	(Firm/ Company	·)			_
301 WOODLANDS PKWY., SUITE #10					
	(Address)			<u> </u>	
OLDSMAR, FL 34677					
	(City/ State and Zip	Code)	 		_
FILINGS@FAEHNER.COM				2024	
E-mail address: (to be use	•	ort notificatio	п)	HAY 2	· · · · · · · · · · · · · · · · · · ·
MICHAEL J. FAEHNER, ESQ.	at	727	306-0201		
(Name of Contact Person	n)	(Area Code)	(Daytime Telep	hone Number)	5 ~
Enclosed is a check for the following amount made p	payable to the Florida l	Department of	State:	ं हो उ))
■ \$35 Filing Fee	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif (Addi	0 Filing Fee ficate of Status fied Copy itional Copy is osed)		
Mailing Address	Str	eet Address			

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

To: 18506176380

Articles of Amendment to Articles of incorporation oſ

Name of Corporation as currently filed with the Florid	a Dent. of State)		
N22000011803			
(Document Nu	mber of Corporation (if known)	
tursuant to the provisions of section 617.1006, Florida Statement(s) to its Articles of Incorporation:	tutes, this <i>Florida Not</i>	For Profit Corporation ad	opts the following
LI amending name, enter the new name of the corpor	ration;		
ame must be distinguishable and contain the word "corpo	matica H an Hi		The new
Company" or "Co," may not be used in the name.	ration or incorport	ilea or the abbreviation "	Corp." or "Inc."
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	SS)		
			
			
Enter new malling address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)			
			ာ 2
. If amending the registered agent and/or registered o	files address in Flori	de	
new registered agent and/or the new registered office	o address:	NA' effet, rue hame of the	29
Name of New Registered Agent:			<u> </u>
·			<u> </u>
New Registered Office Address:		(Florido street address)	39 11E
.· <u></u>	10	Florida_	
·	(City)	(Zip Co	ode)
ow Registered Agent's Signature, if changing Registers	d Agenti		
hereby accept the appointment as registered agent. I am	familiar with and acco	ept the obligations of the po	sition.
	Signature of New Reg	istered 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:

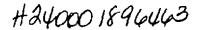
(Attach additional sheets, if necessary)

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 hold. 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.

X Change X Remove X Add	Y Mük	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
l) Change Add	<u>\$</u>	SHERRY GASTON	2256 BONITO WAY PORT CHARLOTTE, FL 33953
Remove Change Add	<u>T</u>	TINA WALKER	8166 LECLAY DR. KNOXVILLE, TN 37938
X Remove 3) Change X Add Remove	<u>s</u>	TINA WALKER	8166 LECLAY DR. KNOXVILLE, TN 37938
4) Change x Add	<u>T</u>	MARK WALKER	8166 LECLAY DR KNOXVILLE, TN 37938
Remove		· ·	
5) Change Add			
Remove			
6) Change Add		<u>.</u>	
Кешочо			
E. If amending or ad (attach additional s	ding additional A heets, if necessar)	Articles, enter change(s) here:	
NONE		·	
	-	-	<u> </u>
		·····	



doption: (no more than pock does not meet the spartment of State's n	90 days ofte	er amendmen	t file date)	if other the	
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Fax: 7274749949

where are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

05/28/2024

Signature

(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)

PAULA KNAUSS SELPH

(Typed or printed name of person signing)

PRESIDENT/EXECUTIVE DIRECTOR

(Title of person signing)

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