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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, Fl. 32314

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NAME OF CORPORATION: _			ROBERTS	FOU	NDATION INCORPORATED
N2300	00001543				
DOCUMENT NUMBER:					
The enclosed Articles of Amendm	ent and fee are sub	mitted for filing.			
Please return all correspondence c	oncerning this matte	er to the following:			
Kristi Roberts					
		(Name of Contact P	erson)		
	_	(Firm/ Compan	y)		
5918 CORAL LAKE DR					
		(Address)		•	
Margate, FL 33063					
	 _	(City/ State and Zip	Code)		
behindthesmilesfoundation@gma	il.com				
E-mail	address: (to be used	for future annual re	port notifi	cation)
For further information concerning	g this matter, please	eall:			
Kristi Roberts		a	954		5882296
(Nam	e of Contact Persor	n)	(Area Co	ode)	(Daytime Telephone Number)
Enclosed is a check for the follow	ring amount made p	ayable to the Florida	Departme	nt of S	State:
■ \$35 Filing Fee □\$4 C	13.75 Filing Fee & ertificate of Status		is (Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address 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

(Name of Corporation as currently filed with the Florida	i Dept. of State)	<u>DBFRTS POUNDATION</u> INCORI
N23000001543		
(Document Nun	nber of Corporation (if know	vn)
Pursuant to the provisions of section 617,1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For F</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
NA		The new
name must be distinguishable and contain the word "corpo "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 ADDRES)	NA	or the abbreviation "Corp." or "Inc."
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered offic Name of New Registered Agent:	office address in Florida, ei e address: A	nter the name of the
New Registered Office Address:	(Flori	da street address)
	(City)	Florida
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am) familiar with and accept th ,	
N/	Signature of New Register	ed 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	$\overline{\underline{V}}$ $\overline{\underline{Mi}}$	in Doe ke Jones Iv Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>s</u>	Cornelius Washingtom	231 GREEN BRIDGE COURT SE LAWRENCEVILLE, GA 30046
2) Change Add	<u>VS</u>	Jonnie Jackson	5918 CORAL LAKE DR MARGATE, FL 33063
Remove 3) Add Remove	<u>V</u>	Alexus Roberts	231 GREEN BRIDGE COURT SE LAWRENCEVILLE, GA 30046
4) <u>x</u> Change Add	<u>T</u>	Sylvester Jackson	(correct spelling) 4702 MARTINIQUE DR APT F4
Remove			COCONUT CREEK, FL 33066
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh		Articles, enter change(s) here: y). (Be specific)	
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The date of each amendment date this document was signed	t(s) adoption: 3/22/2023				, if other than th
Effective date <u>if applicable</u> :	3/22/2020				
		n 90 days after ame			
Note: If the date inserted in th	his block does not meet th	ne applicable statuto	ry filing requiremen	its, this date will no	of be listed as the

Note: If the date inserted in this block does not meet the applicable statutory fifing requirements, this date will not be inseed as an 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

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)

Tisk Subjects**

(Typed or printed name of person signing)

President

(Title of person signing)