N23000005664

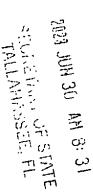
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: Grassro	oots for America Foundation, Inc.	_
N23000005		
		_
The enclosed Articles of Amendment ar	d fee are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
Robin Siebold		
	(Name of Contact Person)	_
Grassroots for America Foundation, Inc		
· . ,	(Firm/ Company)	_
215 Randon Terrace		
	(Address)	_
Lake Mary. Florida 32746		
	(City/ State and Zip Code)	_
drrobinsiebold@aol.com		
E-mail addre	ss: (to be used for future annual report notification)	-
For further information concerning this	natter, please call:	71173 JUL
Robin Siebold	407-765-9379	- -
(Name of C	ontact Person) (Area Code) (Daytime Telephone Number)	(
Enclosed is a check for the following am	sount made payable to the Florida Department of State:	i
	iling Fee & \$\sumsymbol{\Pi}\$\$\$43.75 Filing Fee & \$\sumsymbol{\Pi}\$\$\$\$52.50 Filing Fee te of Status (Additional copy is enclosed) (Additional Copy is Enclosed)	4
Mailing Address Amendment Section	Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation

of Grassroots for America Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N23000005664 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: N/A Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am 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 Do V Mike Jo SV Sally St	ones	
Type of Action (Check One)	Title	Name	<u>Address</u>
Change Add	<u>S</u>	Christine Walker	215 Randon Terrace Lake Mary, Florida 32746
× Remove 2) Change × Add	<u>S</u>	Ryan Ailen	215 Randon Terrace Lake Mary, Florida 32746
Remove 3) Remove			
4) Change Add			~~
Remove 5) Change Add			SECURE TALL PLASSES
Remove 6) Change Add			H30 M OF STATE
Remove			——————————————————————————————————————
(attach additional shee		cles, enter change(s) here: (Be specific)	
<u>N/A</u>			

					
					
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					E. S. S.
					芦苇
The day ofh	N/A				
The date of each amendment date this document was signed					, if other than the
Effective date if applicable:	N/A				
Enceuve date in applicable.	(no more than 9	00 days after am	endment file dat	'e)	
Note: If the date inserted in the document's effective date on t			ory filing requir	ements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>E</u>)			
The amendment(s) was/w was/were sufficient for ap	ere adopted by the member oproval.	s and the numbe	r of votes cast for	or the amendmen	t(s)

Dated	June 22, 2023	
Signature	. /	2/h.
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(By the chairman or v have not been selecte	ce chairman of the board, president or other officer-if directors d, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)
		(Typed or printed name of person signing)
	President	Rni
		(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

2023 JUN 30 AM 8: 32 SECRETARY OF STATE TALLAHASSEE, FL