N24000003659

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:		
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
	(Name of Contact Persor	n)
	(Firm/ Company)	<u> </u>
-	(Address)	
	(City/ State and Zip Code	e)
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please		
(Name of Contact Person) at (Ar	rea Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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	a Dept. of State)	_
IDW Foundation, Inc	N240	00003659
(Document Nun	nber of Corporation (if known	
Pursuant to the provisions of section 617.1006, Florida Star amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Pro</i>	ofit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
_		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporated" or	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u></u>)	
· · ·		
		024
		2 00
C. Enter new mailing address, if applicable:		17
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	 	
	ee ii tilkiitka saas	50 A
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office	<u>ilice address in Florida, ente</u> e address:	er the name of the
new registered agent and/or the new registered office	c audi cos.	
Name of New Registered Agent:		<u></u>
	(Florida	street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the c	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 Sr	ones	
Type of Action (Check One)	Title	Name	Address
1) X Change Add	<u>S</u>	Terri Snow	2568 Caribe Dr The Villages, FL 32162
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
	<u> </u>		

•	
The date of each amendment(s) adoption:, if other than date this document was signed.	the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: 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.	

Dated
Signature By the chairman or vive 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)
(Typed or printed name of person signing)
(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.

FILED
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TÄLLAHASSEE FLONIDA