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## COVER LETTER

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Cedar Bridge Foun	dation, Inc		
N24000006145			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Maria Dowling			
	(Name of Contact	Person)	
Cedar Bridge Foundation, Inc			
	(Firm/ Compa	ny)	
5850 John Anderson Hwy			
	(Address)		
Flagler Beach/ Florida 32136			
	(City/ State and Zi	p Code)	
dowlingmaria00@gmail.com			
E-mail address: (to be use	ed for future annual r	eport notificati	on)
For further information concerning this matter, pleas	se call:		
Maria Dowling	:	386 it	222-2889
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida	a Department o	f State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Cert r is Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
Mailing Address  Amendment Section  Division of Corporations	Ā	treet Address amendment Sec Division of Cor	

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Cedar Bridge Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N24000006145 (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; 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. B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (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: Name of New Registered Agent: (Florida street address) New Registered Office Address: \_, Florida \_ (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 Si	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>s</u>	Bethany L De Cock	46 Barring Place Palm Coast, Fl 32137
x Remove			
2) Change Add	<u>S</u>	Erica Rivera	209 S 15th Street #1 Flagler Beach, FL 32136
Remove 3 ) × Change Add Remove	<u>VT</u>	Teresa I. Baker	24 Fielding Lane Palm Coast, Ft. 32137
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach additional shee.	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
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		7/24/24					
The date of each amendmen date this document was signed	t(s) adoption:					, if	other than the
ame and document was signed	7/24/24						
Effective date if applicable:		a mare don 00	dans ofen	endment file dat	f.1.1		
<u>Note:</u> If the date inserted in the document's effective date on t	his block does i the Department	not meet the ap of State's reco	plicable statuto ords.	ory filing requir	rements, this dat	e will not be lis	ted as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

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  7/24/24  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)
Maria Dowling
(Typed or printed name of person signing)
President

(Title of person signing)