N930000 1665

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TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Molly's House Inc. ON:			
DOCUMENT NUMBER:	N93000001665			
The enclosed Articles of Ar				
Please return all correspond		•		
Katie Bartlett				
		(Name of Contact Pe	rson)	
Molly's House Inc.				
	·	(Firm/ Company	')	
430 SE Osceola Street				
	· · · · · · · · · · · · · · · · · · ·	(Address)		
Stuart, FL 34994				
		(City/ State and Zip G	Code)	
kbartlett@mollyshouse.org				
	-mail address: (to be used	for future annual rep	ort notification	1)
For further information con	cerning this matter, please	call:		
Katie Bartlett		at	772	
	(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida [Department of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee icate of Status ied Copy is iconal Copy is issed)
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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

Molly's House Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N93000001665 (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 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: Name of New Registered Agent: (Florida street address) New Registered Office Address: N/A. 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
I) Change Add						
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 adding additional Articles, enter change(s) here: (attach additional sheets, if necessary), (Be specific)						
Article III (a)						
(a) The specific and primary purposes for which this corporation is formed are to operate for the advancement of charity						
and education and for other charitable purposes, by the distribution of its funds for such purposes, and particularly for:						
residential housing for family members of patients at local healthcare facilities;						
(ADD)						

to assist healthcare providers and c	onsultants with temporary housing when for the benefit of the community;	
to assist local not-for-profit organiz	rations with meeting space and related services for educational or charitable	: purposes:
and any other similar purpose allov	ved for such an organization.	
		
		
The date of each amendment(s) as date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :)/24	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.	

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) Joseph Endress						
(Typed or printed name of person signing)						
Board President						

(Title of person signing)

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