

M09 000005003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

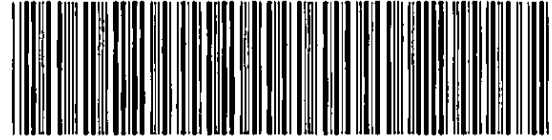
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JUN 24 2022

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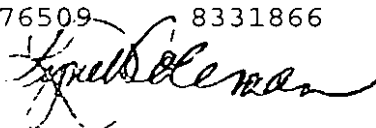
ALLAHASSEET, FL

FILED

2022 JUN 23 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 676509 8331866  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : May 16, 2022  
ORDER TIME : 9:13 AM  
ORDER NO. : 676509-083  
CUSTOMER NO: 8331866

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CHANGE OF AGENT

NAME: RT MIRAMAR II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: RT MIRAMAR II, LLC

2. (a) 90 Park Avenue, 32nd Floor (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

New York, NY 10016

3. 12/22/2009 4. M09000005003  
 Date of filing/registration in Florida Document number

5. (a) NRAI Services, Inc.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:  
1201 Hays Street

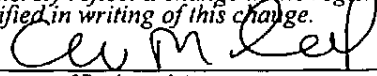
Tallahassee, FL 32301

**FILED**  
 2022 JUN 23 PM 2:52  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Jill Cilmi Jill Cilmi, Authorized Person  
 Signature of a member or authorized representative of a member Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

 Corporation Service Company  
 Signature of Registered Agent Ami M. Casper, Asst. Vice President

N 19 0000000996

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

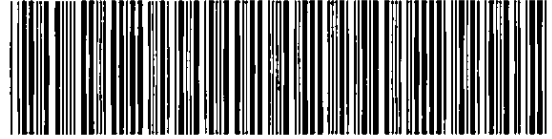
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JUN 24 2022

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TALLAHASSEE, FL

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2022 JUN 23 P  
SECRETARY OF  
TALLAHASSEE, FL

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

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236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**WALK IN**

**PICK UP:** 6/23 DANNY

XX CERTIFIED COPY OF AMEND \_\_\_\_\_  
PHOTOCOPY \_\_\_\_\_  
CUS \_\_\_\_\_  
XX FILING INC AMEND \_\_\_\_\_

1. BARALTY FIDO CHARITABLE FOUNDATION, INC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Baralty Fido Charitable Foundation, Inc.

DOCUMENT NUMBER: N1900000096

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonas B. Weatherbie

(Name of Contact Person)

Wilson & Johnson

(Firm/ Company)

2425 Tamiami Trail N, Suite 211

(Address)

Naples, FL 34103

(City/ State and Zip Code)

jbweatherbie@naplesstatelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonas B. Weatherbie

239

687-1380

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED  
2022 JUN 23 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Baralty Fido Charitable Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N1900000096

(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:**

Duncan and Margaret Miller Charitable Foundation, Inc.

*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.*

**B. Enter new principal office address, if applicable:**

2425 Tamiami Trail N, Suite 211

*(Principal office address **MUST BE A STREET ADDRESS**)*

Naples, Florida 34103

**C. Enter new mailing address, if applicable:**

*(Mailing address **MAY BE A POST OFFICE BOX**)*

2425 Tamiami Trail N, Suite 211

Naples, Florida 34103

**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:*

Jonas B. Weatherbie

2425 Tamiami Trail N, Suite 211

*(Florida street address)*

*New Registered Office Address:*

Naples

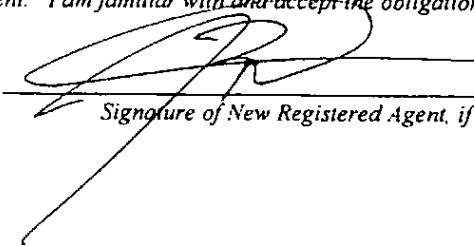
*(City)*

Florida 34103

*(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>DIR</u>	<u>Jonas B. Weatherbie</u>	<u>2425 Tamiami Trail N, Suite 211</u> <u>Naples, FL 34103</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>DIR</u>	<u>Alex S. Binstock</u>	<u>9100 S Dadeland Blvd., #1701</u> <u>Miami, FL 33156</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>DIR</u>	<u>Katalina Penaranda</u>	<u>7301 SW 57th Court, #560</u> <u>South Miami, FL 33143</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>DIR</u>	<u>John S. Bohatch, Esq.</u>	<u>7301 SW 57th Court, #560</u> <u>South Miami, FL 33143</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input checked="" type="checkbox"/> Remove	<u>DIR</u>	<u>Enrico Delgado</u>	<u>7301 SW 57th Court, #560</u> <u>South Miami, FL 33143</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**The date of each amendment(s) adoption:** \_\_\_\_\_, if other than the date this document was signed.

**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.

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 JUNE 23, 2022

Signature Margaret Miller

(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)

Margaret Miller

(Typed or printed name of person signing)

Chairman of the Board

(Title of person signing)