N04000010233

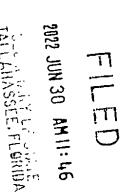
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	G FOUNDATION C	ORPORATION		
	N04000010233			
DOCUMENT NUMBER:				
The enclosed Articles of Ar	mendment and fee are subr	nitted for filing.		
Please return all correspond	lence concerning this matte	er to the following:		
CLIFFORD J. CIDEKO				
		(Name of Contact Pe	erson)	
		(Firm/ Company	/)	
207 SE 15 AVENUE				
		(Address)		
FT LAUDERDALE, FL 33	301			
		(City/ State and Zip	Code)	
XKGREEN4186@YAHOO	D.COM			
	E-mail address: (to be used	for future annual rep	ort notification	1)
For further information con	cerning this matter, please	call:		
GREGORY KABEL, ESQ		at	954	761-7770
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida l	Department of	State:
□ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Priling Fee icate of Status ied Copy tional Copy is ised)
		^		

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

G FOUNDATION CORPORATION			_
(Name of Corporation as currently filed with the Florida I	Dept. of State)		
N04000010233			
(Document Numb	er of Corporation	on (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida</i>	Not For Profit Corporation adopts the following	ng
A. If amending name, enter the new name of the corporat	ion:		
WARTEN FOUNDATION, INC.		The ne	11'
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name	tion" or "incor	_	
B Enter new principal office address, if applicable:	N/A	AC 188	
(Principal office address MUST BE A STREET ADDRESS)	A	-
		<u> </u>	<i>y</i>
		SEL	<u></u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	ALLAHASSEE FLERIU	X
		<u></u>	σ
			_
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		lorida, enter the name of the	
Name of New Registered Agent:	uuress.		
	<u> </u>		
		(Florida street address)	_
New Registered Office Address:			
N/A		, Florida	_
	(City)	(7.ip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar 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 A Add	\overline{V} Mike	Doe e Jones e Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change	<u>CEO</u>	CLIFFORD CIDEKO	207 SE 15 AVENUE FT LAUDERDALE, FL 33301
Remove			
2) X Change Add	ST	RANDOLPH H. JAMES	399 MOHAWK LANE BOCA RATON, FL 33487
Remove 3) Change	<u>D</u>	JOHN S. HAND	418 NW 20 STREET WILTON MANORS, FL 33311
4) Change Add			
Remove			
5) Change Add			
Remove			ALL W. T
6) Change Add		<u></u>	
Remove			
E. If amending or ad- (attach additional si		Articles, enter change(s) here:). (Be specific)	AHII: 46
N/A			
			

was/were sufficient for approval.

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)

RANDOLPH H. JAMES

(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.

2022 JUN 30 AM 11: 46