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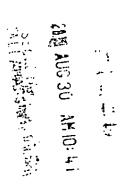
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ΓO: Amendment Section Division of Corporations				No Composition
THE AMY W	OLLOWICK JOYFUL AN	NGELS FOUND	DATION, INC.	34
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee a	ire submitted for filing.			Ä,
Please return all correspondence concerning thi	s matter to the following:			
Jill R. Ginsberg, Esq.				
	(Name of Contact F	Person)		
Ginsberg Shulman, PL				
	(Firm/ Compar	ny)		
401 E. Las Olas Blvd. Suite 1400				
	(Address)			
Fort Lauderdale, FL 33301				
	(City/ State and Zip	Code)		
lill@ginsbergshulman.com				
E-mail address: (to b	be used for future annual re	port notification	n)	
For further information concerning this matter,	please call:			
lill R. Ginsberg, Esq.	а	954	839-8705	
(Name of Contact		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount m	nade payable to the Florida	Department of S	State:	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing I Certificate of S	Fee & S43.75 Filing Fee Status Certified Copy (Additional copy enclosed)	Certifi is Certifi	O Filing Fee icate of Status ied Copy tional Copy is used)	
Mailing Address	<u>S</u> 1	treet Address		

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

Articles of Amendment tο Articles of Incorporation

TO THE OWNER OF THE PARTY OF TH THE AMY WOLLOWICK JOYFUL ANGELS FOUNDATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N09000008179 (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: The JANET AMY WOLLOWICK JOYFUL ANGELS FOUNDATION, INC. 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. NO CHANGE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NO CHANGE (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: NO CHANGE Name of New Registered Agent: (Florida street address) New Registered Office Address: , 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>V</u> <u>Mil</u>	n Doe te Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	LINDA SLUDER	
Add X Remove			
2) Change	D	M. ALI ANSARI, CPA	450 E. LAS OLAS BLVD
X Add			9TH FLOOR
Remove			FORT LAUDERDALE, FL 33301
3) Change	D	CELESTE SLUDER	
Add X Remove			
4) Change	D	DAVID A. SHULMAN, ESQ.	401 E Las Olas Blvd
x Add			Suite 1400
Remove			Fort Lauderdale, FL 33301
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Ar utach additional sheets, if necessary).	(Be specific)					
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The date of each amendment(s) adoption: late this document was signed.		, if other than the
Effective date <u>if applicable</u> :		
	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicable statutory filing requirements, this date will not it of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	
There are no members or members enti- adopted by the board of directors.	itled to vote on the amendment(s). The amendment(s) was/were	
Dated 8-	16-2019 Alberte	
(By the chairman or have not been select	yee chairman of the board, president or other officer-if directors ted, by an incorporator – if in the hands of a receiver, trustee, or ed full ciary by that fiduciary)	_
JANET AMY W	OLLOWICK	
	(Typed or printed name of person signing)	
PRESIDENT		
 	(Title of person signing)	