N11000000247

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Tyler Pratt As	thma Foundation Inc.	
DOCUMENT NUM	BER: N11000000247		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
<u>.</u>		na Hunter	
	(Name of	Contact Person)	
	Tyler Pratt A	Asthma Foundation	
	(Firm	n/ Company)	
	6610	Reef Circle	
	(1	Address)	
	Tampa	Florida 33625	
	(City/ Sta	te and Zip Code)	
	intylersmer E-mail address: (to be use	nory@gmail.com d for future aunual report notifi	cation)
For further information	on concerning this matter, please	e call:	
Diana Hunter		at (813) 477-41	78
	of Contact Person)	at (<u>813</u>) <u>477-41</u> (Area Code & Day)	ime Telephone Number)
Enclosed is a check for	or the following amount made p	ayable to the Florida Departme	nt of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Tyler Pratt Asthma Foundation Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N11000000247 (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 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: (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: New Registered Office Address: (Florida street address) (Zip Code) (City) 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

<u>removed a</u>	and title, name, and address of ditional sheets, if necessary)	f each Officer and/or Director being	aducu.
(мнаст аас	attional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add
			☐ Remove
			Remove
•			Remove
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	nding or adding additional A		
,	additional sheets, if necessary).		
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Article IN	umber 3: The organization	n is organized exclusively for char	ritable, religious,
educatio	nal, and scientific purpose	es under section 501(c) (3) of the	Internal Revenue
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The date of each amendmen	t(s) adoption: 08/20/2011
Effective date <u>if applicable</u> :	(date of adoption is required) 08/20/2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
	Oiana L. Hunter (Typed or printed name of person signing)
	President (Title of person signing)