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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	TBGLCC Foundation	n Inc		
	5000007360			
The enclosed Articles of Amenda	nent and fee are subm	itted for filing.		
Please return all correspondence	concerning this matter	to the following:		
Ashley Brundage				
	(Name of Contact Per	rson)	
Tampa Bay Diversity Chamber of	of Commerce			
		(Firm/ Company))	
3251 3rd Ave N #125				
		(Address)	· · · · ·	<u> </u>
St Petersburg, FL 33713				
	(1	City/ State and Zip C	Code)	
ashley@diversitytampabay.org				
E-mai	address: (to be used f	or future annual repo	ort notification)
For further information concerning	ng this matter, please c	all:		
Ashley Brundage		at	813	731-1302
(Nar	ne of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the follow	ving amount made pay	able to the Florida D	epartment of S	itate:
	\$43.75 Filing Fee & C Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is ional Copy is sed)
Mailing Addr	ess	Stre	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TBGLCC Foundation Inc		
(Name of Corporation as curren	tly filed with the Flo	rida Dept. of State)
N15000007360		
(Document Numb	per of Corporation (if)	known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not F</i>	for Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
Diamond Scholarship Foundation Inc		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporate	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2
		e, enter the name of the
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(1	Florida street address)
		FI 11
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		t the obligations of the position.
	ignature of New Regis	stered 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 Do Mike Jo Sally Sn	ones		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	•	<u>Addres</u> s
1) Change		_		_	
Add				-	
Remove				-	· · · · · · · · · · · · · · · · · · ·
2) Change		_		_	
Add				-	
Remove					
3) Change		_		_	
Add				-	
Remove				,	
4) Change				-	
Add			•		
Remove					
5) Change		•••	• •	_	
Add					
Remove					
6) Change		_		_	
Add				-	
Remove					

If amending or adding additional Arti (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		
Effe	ctive date <u>if applicable</u> :	11/1/2016	•
	<u></u>	(no more than 90 days after amendment file date)	
		is block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
	There are no members or adopted by the board of c	members entitled to vote on the amendment(s). The amendment(s) was/were lirectors.	
	Dated	2016	
		chairman or vice chairman of the board, president or other officer-if directors	
		not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Asi	hley Brundage	
		(Typed or printed name of person signing)	
	Pre	esident- Tampa Bay Diversity Chamber of Commerce	
		(Title of person signing)	