Norrela Department of State Division of Corporations Electronic Billing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: THERREL BAISDEN, LLP

ASKONUTONHODER : [3854398999558

**Enter the email address for this business entity to be used for future '
annual report mailings. Enter only one email address please.**

Email Address: MHasner@ Therrel baisden, com

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COR AMND/RESTATE/CORRECT OR O/D RESIGN BONZON FAMILY FOUNDATION, INC.

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To: FAX SERVICE

From: ATA Connector

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COVER LETTER

for Amendmentisection	BONZON FAMILY	FOUNDATION.	INC.			
NAME OF CORPORATION						
DOCUMENT NUMBER:	N21000006730					
The enclosed Articles of Am	sendment and fee are sub	mitted for filing.				
Please return all corresponde	ence concerning this mat	ter to the following	;;			
Mark Hasner, Esq.						
		(Name of Contac	t Person)			
·		(Firm/ Comp	any)			
	•					
		(Address)			
<u></u>						
		(City/ State and 2	(ip Code)			
mhasner@therrelbaisden.co	om					
	-mail address: (lo be use	d for future annual	report no	tification) - · · ·	
non turance information cond	terning this matter, preas-	e can;				
Mark Hasner			305 at		371-5758	
	(Name of Contact Person	n)	(Area	2 Code)	(Daytime Telephone Number))
Enclosed is a check for the f	ollowing amount made p	payable to the Flori	da Depar	tment of	State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional coperciosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is scd)	
Mailing Address			Street A	dd ress		

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: ATA Connector

BONZON FAMILY FOUNDATION, INC.

amendment(s) to its Articles of incorporation:

"Company" or "Co," may not be used in the name.

C. Enter now mailing address, if applicable:

N21000006730

Not Applicable

Articles of Amendment Articles of Incorporation οf (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1016, Florida Statutes, this Florida Not For Profit Corporation adopts the working A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "inc." Not Applicable B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Not Applicable (Malling address MAY BE A POST OFFICE BOX) IN RESERVOIR COL L'UNIONNI CO ANCHE ARGUST L'ENENGTEU QUICE MISSIERS IN PROTING, ENIPE IOR NAME OF TOP naw realistered naent and/on the new resistered office address. Not Applicable (Florida street oddress) Florida

11/10/2021 12:40:09 PM

(Zin Code) Now 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

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To: FAX SERVICE

From: ATA Connector

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; CRO = Chief Executive Officer; CRO = 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	PT John Do V Mike Je SY Saily Sr	ncs	
Type of Action (Check One)	Title	Name	Address
1) <u>×</u> Change Add	<u>D</u>	Jessica Chouza	One S.E. 3rd Avc, Suite 2950 Miami, FL 33131
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change Add	D	Carlos Bonzon, Sr.	5775 SW 114 Terr Pinecrest, FL 33156
X Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
δ) Change Add			
Remove			
E. If amending or additional sheet	ng additional Art els. If necessary).	icles, enter change(s) here: (Be specific)	
Not Applicable			

: FAX SERVICE	From: ATA Connector	11/10/2021 12:40:09 PM	p. 6 of 7
			
			
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•			
The date of each a date this document	nmendment(s) adoption:t was signed.		_, if other than th
Effective date if n	pplicable:		
	pplicable: (no more than 90 days after	amendment file date)	

(CHECK ONE)

■ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

	here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.			
	Dated 11/5/21			
	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)			
	Carlos Bonzon			
(Typed or printed name of person signing)				
	Director			
	(Title of person signing)			

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