## 711361

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | idress)            |             |
|                         | ldress)            |             |
| (Ci                     | ty/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Nar | me)         |
|                         |                    | •           |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## COVERLETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: THE                       | ALLEN MORRI  | S FOUNDATION   |
|--|--|--|
| DOCUMENT NUMBER: 711361                        | J  |  |
| The enclosed Articles of Amendment and fe      |  |  |
| Please return all correspondence concerning    | this matter to the following:  |  |
| YAZMIN GIL                                     |  |  |
|  | (Name of Contact Perso   | n)   |
| THE ALLEN MORR                                 | IS COMPANY   |  |
|  | (Firm/ Company)  |  |
| 121 ALHAMBRA PL                                | AZA SUITE 160  | 00   |
|  | (Address)  |  |
| CORAL GABLES, F                                | L 33134  |  |
| · · · · · · · · · · · · · · · · · · ·          | (City/ State and Zip Cod   | e)   |
| YGIL@ALLE                                      | NMORRIS.COM  | 1  |
|  | to be used for future annual report  |  |
| For further information concerning this matter | er, please call:   |  |
| LISEL MORRIS                                   | <sub>at (</sub> 305  | 443-1000 x.337 ode & Daytime Telephone Number)   |
| (Name of Contact Person)                       | (Area C  | ode & Daytime Telephone Number)  |
| Enclosed is a check for the following amoun    | t made payable to the Florida Depa   | artment of State:  |
| \$35 Filing Fee  \$43.75 Filing Certificate of | ng Fee & \$\sum \\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
| Mailing Address                                |  | 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

| Articles of Incorporation   |   |
|---|---|
| (Name of Corporation as currently filed with the Florida Dept. of State)  | tion  |
|   |   |
| (Document Number of Corporation (if known)  |   |
| Pursuant to the provisions of section 617.1006. Florida Statutes, this <i>Florida Not Fo</i> amendment(s) to its Articles of Incorporation:         | r Profit Corporation adopts the following           |
| A. If amending name, enter the new name of the corporation:   |   |
| name must be distinguishable and contain the word "corporation" or "incorporated "Company" or "Co," may not be used in the name.                    | The new<br>I" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   | - G   |
|   | 12 MA   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | RIZ AM  |
|   | H 10: 30  |
| D. If amending the registered agent and/or registered office address in Florida new registered agent and/or the new registered office address:      | enter the name of the                               |
| Name of New Registered Agent:   |   |
| (Florida street address)  |   |
| New Registered Office Address:  |   |
| (City)  | , Florida<br>(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                     |
| r nereoy accept the appointment as registered agent. I am jamittar with and accept  | the obligations of the position.                    |
| Signature of New Registered Agent if changing   | 19  |

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             | <u>PT</u>    | John Doe          |   |
|-------------------------------|--------------|-------------------|---|
| X Remove                      | <u>v</u>     | Mike Jones        |   |
| X Add                         | <u>sv</u>    | Sally Smith       |   |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>       | <u>Addres</u> s   |
| 1) Change Add X Remove        | DV           | KATHRYN M. RUPP   | 121 ALHAMBRA PLAZA SUITE 1600<br>CORAL GABLES, FL 33134 |
| 2) Change Add Remove          | DV           | JAMES F. BELL JR. | 121 ALHAMBRA PLAZA SUITE 1600<br>CORAL GABLES, FL 33134 |
| 3 ) Change Add Remove         | DV           | IDA M. BELL       | 121 ALHAMBRA PLAZA SUITE 1600<br>CORAL GABLES, FL 33134 |
| 4) Change<br>X Add<br>Remove  | DV           | LISEL C. MORRIS   | 121 ALHAMBRA PLAZA SUITE 1600<br>CORAL GABLES, FL 33134 |
| 5) Change<br>X Add<br>Remove  | D            | MALLORI MORRIS    | 121 ALHAMBRA PLAZA SUITE 1600<br>CORAL GABLES, FL 33134 |
| 6) Change                     | DT           | YAZMIN GIL        | 121 ALHAMBRA PLAZA SUITE 1600<br>CORAL GABLES, FL 33134 |
|                               |              |                   |   |

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:

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| <u>X</u> Change               | <u>PT</u>    | John De                                      | <u>oe</u>           |   |
|-------------------------------|--------------|--|---------------------|---|
| X Remove                      | <u>v</u>     | Mike Jo                                      | <u>ones</u>         | •   |
| X Add                         | <u>sv</u>    | Sally Si                                     | <u>mith</u>         |   |
| Type of Action<br>(Check One) | <u>Title</u> |  | Name                | <u>Addres</u> s   |
| 1) Change<br>Add<br>Remove    | D            | <del></del>                                  | W.A. SPENCER MORRIS | 121 ALHAMBRA PLAZA SUITE 1600<br>CORAL GABLES, FL 33134 |
| 2) Change Add Remove          |              | _  |                     |   |
| 3 ) Change Add Remove         |              | _  |                     |   |
| 4) Change<br>Add<br>Remove    |              | _  |                     |   |
| 5) Change Add Remove          |              |  |                     |   |
| 6) Change<br>Add<br>Remove    |              | <u>.                                    </u> |                     |   |

| f amending or adding additional Artitional Artitional Artitional additional sheets, if necessary). | (Be specific)                          |
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The date of each amendment(s) adoption: Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. Dated 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) W. ALLEN MORRIS (Typed or printed name of person signing) PRESIDENT, DIRECT (Title of person signing)