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COVER LETTER

TO: Amendment Section Division of Corporations

15 HOV 30 AM 7: 37

| NAME OF CORPORATION | ON: LISA J. LEDER FA | MILY FOUNDATIO | N, INC. | |
|------------------------------|---|--|------------------|--|
| DOCUMENT NUMBER: | N10000002192 | | | *** |
| The enclosed Articles of An | | nitted for filing. | | |
| Please return all correspond | | • | | |
| Lisa Leder | | | | |
| | | (Name of Contact Pe | rson) | |
| LISA J. LEDER FAMILY | FOUNDATION, INC. | | | |
| | | (Firm/ Company |) | |
| 2424 N. Federal Highway S | Suite 210 | | | |
| | | (Address) | | |
| Boca Raton, FL 33431 | | | | |
| | | (City/ State and Zip (| Code) | |
| AmyG@BestAgency.com | | | | |
| I | E-mail address: (to be used | for future annual rep | ort notification | |
| For further information con- | cerning this matter, please | call: | | |
| Lisa Leder | | at | 561 | 314-3942 |
| | (Name of Contact Person) | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the | following amount made pa | yable to the Florida I | Department of | State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee Certified Copy (Additional copy is enclosed) | Certif Certif | D Filing Fee icate of Status ied Copy tional Copy is |

Mailing Address

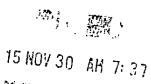
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

Enclosed)

Articles of Amendment to Articles of Incorporation of



LISA J. LEDER FAMILY FOUNDATION, INC.

NDATION, INC.

| (Name of Corporation as o | currently filed with | the Florida Dept. of State) |
|---|------------------------|---|
| LISA J. LEDER FAMILY FOUNDATION, INC. | | N10000002192 |
| (Document | Number of Corporat | |
| Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation: | Statutes, this Florida | Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the cor | rporation: | |
| THE LEDER FOUNDATION, INC. | | The new |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | orporation" or "inco | rporated" or the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD) | RESS) | <u>A</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 | ed office address in 1 | Florida, enter the name of the |
| new registered agent and/or the new registered o | office address: | • |
| Name of New Registered Agent: | <u> </u> | |
| New Registered Office Address: | | (Florida street address) |
| | | , Florida (Zip Code) |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I | | d accept the obligations of the position. |
| | Signature of Ne | w 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 | PT John Do V Mike Jo SV Sally Si | <u>ones</u> | |
|----------------------------------|--|----------------|----------------------------|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| 1) Change | D | Samantha Leder | 133 W. 22nd Street Apt. 5J |
| X Add | | | New York, NY 10011 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: |
|---|
| (attach additional sheets, if necessary). (Be specific) |
| . 10 |
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| | each amendment(s) adoption: | , if other than the |
|---------------|--|--------------------------------|
| date this doc | ument was signed. | |
| Effective da | te <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) | |
| | date inserted in this block does not meet the applicable statutory filing requirements, this of effective date on the Department of State's records. | late will not be listed as the |
| Adoption of | Amendment(s) (CHECK ONE) | |
| | endment(s) was/were adopted by the members and the number of votes cast for the amender sufficient for approval. | ment(s) |
| | re no members or members entitled to vote on the amendment(s). The amendment(s) was/ | were |
| | 11/24/2015 Dated | |
| | Signature Suppled | |
| | By the chairman or vice chairman of the board, president or other officer-if dir have not been selected, by an incorporator – if in the hands of a receiver, trusto other court appointed fiduciary by that fiduciary) | |
| | Lisa J Leder | |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | |