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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 Phone : (305)371-5758

Fax Number : (305)3

: (305)371-3738

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

mall Address: Mhasner@ Therrelbaisden.com

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

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Tallahassee, FL 32314

TO: Amendment Section

## COVER LETTER

Division of Corporations			
NAME OF CORPORATION:	FOUNDATION, II	۷Ç.	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Mark Hasner, Esq.			
	(Name of Contact )	Person)	
Therret Baisden, LLP			
	(Firm/ Compa	ıy)	
1 SE 3rd Avenue, Suite 2950			
	(Address)		
Miami, FL 33131			
	(City/ State and Zip	Code)	
mhasner@therrelbaisden.com			
E-mail address: (to be use	d for future annual r	eport notificatio	<u>n)</u>
For further information concerning this matter, please	e call:		
Mark Hasner	f	305 at	371-5758
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florid	a Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certif is Çertif (Addi	0 Filing Fee ficate of Status fied Copy stional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		treet Address Imendment Sections Division of Corp The Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

		7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Article	s of Amendment	in in the second se
	to	SSS
Articles	of Incorporation	'ښ'
BONZON FAMILY FOUNDATION, INC.	<b>.</b>	ASSEE, FLORIDA
Name of Corporation as currently filed with the Florida D	ept. of State)	RII
N21000006730	_	OA
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute imendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
Not Applicable		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	Not Applicable	
Principal office address MUST BE A STREET ADDRESS )		
		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Not Applicable	
· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	<u>:e address in Florida, enter t</u> ddress:	he name of the
Not Appli		
Name of New Registered Agent:	<del></del>	
	(Florida stre	ei oddress)
New Registered Office Address:	p	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, If changing Registered I hereby accept the appointment as registered agent. I am fan	Agent:	. ,

Signature of New Registered Agent, if changing

To: FAX SERVICE

From: ATA Connector

11/5/2021 12:40:54 PM p. 5 of 7

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 aud/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 De           V         Mike Jo           SV         Sally St	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>D</u>	Geraldine Keenan	One S.E. 3rd Ave, Suite 2950 Miami, FL 33131
x Remove			
2) Change Add	<u>D</u>	Carlos Bonzon, Sr.	One S.E. 3rd Ave., Suite 2950 Miami, FL 33131
Remove 3) Change Add Remove			
4) Change Add	<del>-</del>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	e additional Articles, if necessory).	icles, enter change(s) here: (Be specific)	
Not Applicable			
<del></del>			

11/5/2021 12:40:54 PM p. 6 of 7 To: FAX SERVICE From: ATA Connector date this document was signed.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

Effective date | [ applicable: \_\_\_\_

(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.

adopted by the boa	and of directors.
Dated Signature	11/5/21
) Otensence	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)