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COVER LETTER

TO: Amendment Section Division of Corporations

Florida Justic	e Institute, Inc.			
743258 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are cubmitted for filing			
The enclosed Afficies of Amenament and fee a	are submitted for fifting.			
Please return all correspondence concerning th	is matter to the following	:		
Dante P. Trevisani				
	(Name of Contact	Person)		
Florida Justice Institute, Inc.				
	(Firm/ Comp	any)		
2915 Biscayne Blvd., Suite 300				
	(Address)		
Miami, FL 33137				
	(City/ State and Z	ip Code)		
jpla@floridajusticeinstitute.org				
E-mail address: (to	be used for future annual	report notification	n)	
For further information concerning this matter,	please call:			
Jessica M. Pla		786 at	342-6912	
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount r	nade payable to the Florid	la Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing F Certificate of \$		Certif y is Certif	D Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section	Street Address Amendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Florida Justice Institute, Inc.					
Name of Corporation as currently filed with the	e Florida	Dept. of State)			
743258					
(Docum	nent Num	iber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statu	ites, this Florida Not For Profit Corp	poration adopts the	e followin	
A. If amending name, enter the new name of th	e corpora	ation:			
N/A				_The nev	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ration" or "incorporated" or the abb	reviation "Corp."		
B. Enter new principal office address, if applicable		2915 Biscayne Boulevard			
(Principal office address MUST BE A STREET)		Suite 300			
		Miami, FL 33137			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		P.O. Box 370747			
		Miami, FL 33137		_	
D. If amending the registered agent and/or regi- new registered agent and/or the new register			me of the		
N/A Name of New Registered Agent:		<u>autress.</u>			
	2915 Bis	15 Biscayne Boulevard, Suite 300			
New Registered Office Address:		(Florida street address)			
	Miami		, Florida 33137		
	••••	(City)	(Zip Code)		
New Registered Agent's Signature, if changing I Thereby accept the appointment as registered agen			ns of the position.		
_		Signature of New Registered Agent, if	changing	70	

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 De V Mike Je SV Sally Se	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change × Add	<u>D</u>	Whitney Marie Untiedt	2 South Biscavne Boulevard Suite 3100
Remove.			Miami, FL 33131
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
N/A			

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The date of each amendment(s) ad date this document was signed.	option:					, if other than the
Effective date if applicable:	(no more than					<u> </u>
	(no more than	90 days after am	iendment file d	late)		
Note: If the date inserted in this bloc document's effective date on the Dep			ory filing requ	airements, this o	date will not b	e listed as the
Adoption of Amendment(s)	(CHECK ON	<u>(E</u>)				
The amendment(s) was/were ad was/were sufficient for approva	opted by the membe l.	rs and the numbe	er of votes cas	t for the amend	ment(s)	

•

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There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.