## 760444

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section
Division of Corparations

NAME OF CORPORATION:	HIRSCHHORN	FOUNDATION,	INC.	<del> </del>
DOCUMENT NUMBER:	760444			
The enclosed Articles of Amend	ment and fee are subr	nitted for filing.		
Please return all correspondence	concerning this matte	er to the followin	ıg:	
	Joel Hir	schhorn, Es	q •	
	(Name of O	Contact Person)		
	HIRSCHHORN	& BIEBER,	P.A.	
	(Firm/	Company)		
			THOUSE THREE	<u>A</u>
•	(A	ddress)	•	
		ES, FL 3313		
	(City/ State	e and Zip Code)		
E-ma	jhirschho il address: (to be used	rn@aquitall for future annua		on)
For further information concerni			•	·
Anita Abrams	•	-47 305	)445-5320	
(Name of Contact				Telephone Number)
Enclosed is a check for the follow	wing amount made pa	yable to the Flor	rida Department o	f State:
	75 Filing Fee & ate of Status	□ \$43.75 Fil Certified Cop (Additional c enclosed)	ру	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations	Amer Divis Clifto	t Address  Indment Section  ion of Corporations  In Building  Executive Center C	ŕ

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation** of

20.	FILED
SECRES	EC21 PM 3:44
of State)	AAY STATE

HIRSCHHORN FOUNDATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

> 760444 (Document Number of Corporation (if known)

opts

Pursuant to the provisions of section 617.1006, Florida St the following amendment(s) to its Articles of Incorporation	
A. If amending name, enter the new name of the corpo	oration:
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." m	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESSS</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 new registered agent and/or the new registered offi	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent.	

of the position.

Signature of New 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)

	<u>Title</u>	Name	Address	Type of Action
	<u>Presid</u> ent rector	Bennett K. Hirschhorn	550 Biltmore Way Penthouse Three A Coral Gables, FL 33134	Add □ Remove
				Add Remove
	<del>.</del>			Add Remove
	E. If amendin (attach addi	g or adding additional Articles, ento tional sheets, if necessary). (Be spe	er change(s) here: cific)	
	-			

The date of each amendment(s) adoption: 13-17-09				
Effective date if applicable	(date of adoption is required)			
1	(no more than 90 days after amendment file date)			
Adoption of Amendment(	(s) ( <u>CHECK ONE</u> )			
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.			
There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors.			
Dated	12/17/09			
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)			
	JOEL HIRSCHHORN			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

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