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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Robert Schuman Foundation and Trust Trust DOCUMENT NUMBER: \_ D12000000016 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nancy Smith Name of Contact Person Robert Schuman Foundation and Trust Firm/ Company 6 Harbour Isle Drive East, PH 06 Address Hutchinson Island, FL 34949 City/ State and Zip Code n.smith@smithconstructiongroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 561 ) 389-8275

Area Code & Daytime Telephone Number Nancy Smith Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

## Articles of Amendment

to

-Articles of Incorporation - Declaration of Trus

Robert Schuman Foundation and Trust (Name of Corporation as currently filed with the Florida Dept. of State) D12000000016 (Document Number of Corporation (if known) Declaration of Triat Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following ar its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ubbre "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must cont word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: N/A(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Ciny 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. Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheets, Please note the officer/di P = President; V = Vice Executive Officer; CFO held, President, Treasure Changes should be noted	and/or E , if neces, rector tit, Presiden = Chief , r, Direct l in the fo	sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; TR= T. Financial Officer. If an officer/director holds more t or would be PTD. llowing manner. Currently John Doe is listed as the corporation, Sally Smith is named the V and S. These:	rustee; C = Chairman or Clerk han one title, list the first letter PST and Mike Jones is listed as
X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	DTR	Giampaolo Mistruzzi	Campoformido, Italy
X Add			Passport # AU5872244
Remove			
2) x Change	DTR	Nancy Smith	6 Harbour Isle Drive East, PH (
Add			Hutchinson Island, FL 34949
Remove			
3) Change	TR	Ildiko Jaromi	9890 S. Grand Duke Circle
X Add			Tamarac, FL 33321
Remove			
4) Change	TR	Attila Molnar	Budepest, Hungary
X Add			Passport #BB5067480
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)	
N/A	
	<del>                                     </del>
•	
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A	
	<del> \</del>
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	+

The date of each amendment(s) ad date this document was signed.	option: 9/19/19
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De-	lock does not meet the applicable statutory filing requirements, this date will no partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
bv	<u>.</u> "
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder  pted by the incorporators without shareholder action and shareholder
action was not required.	
· 9/24/2019 Dated	
Signature	I ranked
(By a diselected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ded fiduciary by that fiduciary)
	Naucy Smith
	(Typed or printed name of person signing)
	Director/ First Trustee
	(Title of person signing)