L160000038883

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	···
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Cor			
Franklin Fo	oundation LLC		
	Name of Limit	ted Liability Company	·
	Amendment and fee(s) are subm	-	
Please return all correspo	ondence concerning this matter to	o the following:	
	William Yanger, Esq.	۸	
		Name of Person	
:	Yanger Law Group PA	•	
		Firm/Company	
	217 N Lois Ave		
		Address	
	Tampa FL 33609	·	
	bill.yanger@yangerlaw.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (t	o be used for future annual report notifi-	cation)
For further information of	concerning this matter, please ca	il:	
William Yanger		813 286-7025 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Franklin Foundation LLC	•		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears lited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 2/22	/16	and assigned
Florida document number 16000038883			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	₽:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>		
·		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address: Name of New Registered Agent:		our records, <u>enter</u>	the name of the nev
New Registered Office Address:	Enter Floric	ia street address	
		Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of n it as provided for in Cl office address, I hereby	ny duties, and I am finapter 605, F.S. Or, o confirm that the lim	amiliar with and if this document is ited liability.
· I	f Changing Registered Age		
		ORI N	0

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Thomas Iguanzo	340 Royal Poinciana Way	
		317-136	□ Remove
	•	Palm Beach FL 33480	☐ Change
·		·	
			☐ Remove
			☐ Change
			Change
· · · · · ·	. ———		
,			☐ Remove
			☐ Change
			□ Add
			Remove
·			Change Remove
			TARY OF STATE ORIDA
			RIDA Change

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ctive	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
e: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
шеп	, s effective date on the Department of State's records.
•	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
ecor	ith day after the record is filed
ecor 1e 9	Oth day after the record is filed.
ne 90	02/0// 2016
ne 90	02/0// 2016
ne 90	03/01/2016
ne 90	03/01/, 2016
recor ne 91 ed	Signature of a member or sutherized representative of a member

Filing Fee: \$25.00