Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000102263 3)))



H230001622633ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:		Morein	
	Division of Co	rporations	
	Fax Number	: (350)617-6380	
From:	CBY		
	Account Name	: TRIPP SCOTT, P.A.	~
	Account Number	: 075350000065	02
	Phone	: (954)525-7500	ىب
	Fax Number	: (954)761-8475	2023 MAR
		•	
			~
		s for this business entity to be used for future	5
ann	ual report maili	ngs. Enter only one email address please.**	<u>^-</u>
Ema	il Address:		Ö
			\sim

COR AMND/RESTATE/CORRECT OR O/D RESIGN THE RALPH A. AND JEANINE M. MARRINSON CHARITABLE FOU

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H230001022.633

DocuSign Envelope ID: 86819ACF-1CB2-471E-A988-446F347B8A6C

Articles of Amendment to Articles of Incorporation

THE RALPH A. AND JEANINE M. MARRINSON	CHARITABLE FOUNDATION, INC.
(Name of Corporation as curce	ntly filed with the Florida Dept. of State)
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following unendment(s)
A. If amending name, enter the new name of the corporation:	
MARRINSON FAMILY FOUNDATION, INC.	Тhe пеш
name must be distinguishable and contain the word "corpora" "Corp" "Inc" or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviatio	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	023
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	H17 H1 9 22
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	ldress in Florida, enter the name of the
Name of New Registered Agent	
(Florida	stree: address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt:

Signature of New Registered Azent, if changing

Example:

H23000/6 22633

DocuSign Envelope ID: 56819ACF-1C82-471E-A9B8-446F347B8A6C

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 officen'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, Solly Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, Y as Remove, and Sally Smith, SY as an Add.

X_Change	PT	<u> John Doe</u>		
X Ramove	¥	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change				
Add				2023
Remove				2023 HAR 17
2) Change				-1
Add				
Remove				2
3) Change				
Add				
Remove				.
4) Change			 	<u>_</u>
Add				***************************************
Remove				
5) Change				
Add				
Remove			***************************************	
6) Change		_		
Add			***************************************	
Remove			<u> </u>	

DocuSign Envelope ID: B6B19ACF-1CB2-471E-A9B8-446F347BBA6C

ttach additional sheets, if necessary) (Be specific)		
	 	_
		2[
	-	23
		2023 H.I.R
		20
W-141		
		."26
		يو.
		22
· · · · · · · · · · · · · · · · · · ·	<u></u>	
an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
iravisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
,		

DocuSign Envelope ID: 96819ACF-1C32-471E-A986-446F34768A6C

42,3000 **6**022633

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(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 wipartment of State's records.	II not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
7 The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
The amendment(s) was/were app must be separately provided for	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 I	for the amendment(s) was/were sufficient for approval	•
by	(voting group)	20
	(voting group)	123
The amendment(s) was/were adoraction was not required.	oted by the board of directors without shareholder action and shareholder	2023 HAR 17
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
March Dated	17, 2023	9: 22
Signature Ralph	. d. Marrinson	
(By a di selected	rector, president or other office: - if directors or officers have not been , by an incorporator - if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	RALPH A MARRINSON	
•	(Typed or printed name of person signing)	
	DIRECTOR	

(Title of person signing)