NOI 000000390

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The American Foundation for Hungarian Youth	and Cultur
DOCUMENT NUMBER: NO 1000000396	INC.
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Zoltan Pischinger (Name of Contact Person)	
(Firm/ Company)	
1400 Pompei Ln. #36 (Address)	
1400 Pompei Ln. #36 (Address) Naples, FL. 34103	
(City/ State and Zip Code) Pischingerzesmail.Com E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Zoltan Pischinger at 239. 687-6597 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	

Mailing Address Amendment Section Division of Corporations

P.O. Box 6327

Street Address
Amendment Section

Division of Corporations Clifton Building

Articles of Amendment

to

Articles of Incorporation of

The American Foundation For Hungarian Youth and Culture IN
(Name of Corporation as currently filed with the Florida Dept. of State)
NØ 800000390
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: 1400 Pompe, LN #36
(Principal office address MUST BE A STREET ADDRESS) Laples FL. 34103
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) 1400 Pompii LN. #36 Naples FL. 34103
Naple 5 FC. 24103
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: Zoltan P. Schinge:
1400 Pompe! LN #34 = 17
New Registered Office Address: (Florida street address)
Naple 5 Florida 34710
(Čity) (Zip Code)
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.
20 Jan Pollings Signature of New Registered Agent, if changing
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)

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 I V Mike 3 SV Sally 5	lones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	ANDREW S. EVVa	1919 Prizes CT Napies, FL. 3HIB
2) Change Add	<u>V</u>	Phyllis S. Evva	1919 PRISSIFT
Remove Add Remove	D	Michalle Evra	16130 Huron ST CREST HILL LONGS
4) X Change Add Remove	<u>P</u>	Zoltan Pischinger	1400 Pampei In #36 Maples FL 34103
5)	VI	Attila ACS	Maples FL. 34110
6) Change Add Remove			

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
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		7
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The	e date of each amendment(s) adoption:	if other than the
date	e this document was signed.	
Eff	ective date if applicable: 10,31.19	,, -
	(no more than 90 days after amendment file date)	
_	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nument's effective date on the Department of State's records.	listed as the
Ade	option of Amendment(s) (CHECK ONE)	
À	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 10.31.19	
	Signature 2017an Pischings	
	(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)	10 NON 61
	ZOLTAN PISCHINGER	5 1
	(Typed or printed name of person signing)	至9:07
	President	0.7
	(Title of person signing)	