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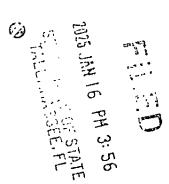
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Hillelat FSU FOUNDATION, INC
DOCUMENT NUMBER: <u>NO300002208</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRIAN PEZC (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
834 W. St. AUGUSTINE ST.
TALUA-ASSCE) FL 32304 (City/ State and Zip Code)
bpele Co Souhillelorg
For further information concerning this matter, please call:
BRIAN PERC (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

Hilled at FSU Foundation inc
(Name of Corporation as currently filed with the Florida Dept. of State)
N0300002208
(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: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (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: TSRIAN PERC Son
834 W ST. Augustino St. 5
New Registered Office Address: (Florida street address)
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations 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)

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	$\overline{\underline{V}}$ Mik	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	$\overline{\mathcal{D}}$	Jesse FELD	B34 W. ST. AUGUSTINE ST INCLUMENTE, FL 3 2321
Remove 2) Change Add		BRIAN PELC	834 W ST. AUGUSTAT ST.
Remove 3) Change Add Remove			
4) Change Add		<u> </u>	
Remove			
5) Change Add			5 5
Remove			
6) Change Add			FEET S
Remove			
E. If amending or add (attach additional sh	ing additional i	Articles, enter change(s) here: v). (Be specific)	

 		
		
		
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The date of each amendment(s) a date this document was signed.	doption: Thotherit	ian the
Effective date if applicable:	(no more than 90 days after amendment file date)	_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Do	ock does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.	the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) ral.	

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 113/25
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)
BRIAN PEZC
(Typed or printed name of person signing)
DIRECTIVA

(Title of person signing)

