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COVER LETTER

TO: Amendment Section Division of Corporations

EAGLE LAKE FOUNDATION, INC.

N05000004803

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AARON BLOOM

(Name of Contact Person)

EAGLE LAKE FOUNDATION

(Firm/ Company)

310 10TH AVE NORTH

(Address)

SAFETY HARBOR, FL 34695

(City/ State and Zip Code)

OM.GC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

(Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee

Certificate of Status

□\$43.75 Filing Fee & □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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EAGLE LAKE FOUNDATION, INC.

14 JUN 18 AH 10: 31

(Name of Corporation as currently filed with the Florida Dept. of State)

N05000004803

Marine Control of the Control

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

N/A The must be distinguishable and contain	the word "cornor	ration" or "incorporated" or the abbreviation "Corp." a
Company" or "Co." may not be used in		and of mediporated of the dobreviation corp.
. Enter new principal office address, it	f_applicable;	310 10TH AVE NORTH
rincipal office address <u>MUST BE A ST</u>		SAFETY HARBOR, FL 34695
Enter new mailing address, if applic	eable:	040 40TH AVE NODTH
(Mailing address MAY BE A POST O		310 10TH AVE NORTH
		SAFETY HARBOR, FL 34695
. If amending the registered agent and	Nor registered of	fice address in Florida, enter the name of the
. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:		fice address in Florida, enter the name of the address:
new registered agent and/or the new Name of New Registered Agent:	registered office	
new registered agent and/or the new	registered office	(Florida street address)
new registered agent and/or the new Name of New Registered Agent:	N/A	(Florida street address) , Florida N/A
new registered agent and/or the new Name of New Registered Agent:	N/A N/A (Cit	(Florida street address) , Florida (Zip Code)
new registered agent and/or the new Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if che hereby accept the appointment as registered.	N/A N/A (City	(Florida street address) , Florida (Zip Code, de Agent: 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		Doe e Jones v Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add Remove	T	MORRISON, MARYA	24641 US HWY 19 N CLEARWATER, FL 33763
2) Change Add X	<u>VP</u>	GARFF, ADAM	24641 US HWY 19 N CLEARWATER, FL 33763
Remove 3) Change X Add Remove	<u>VP</u>	AARON BLOOM	310 10TH AVE N SAFETY HARBOR, FL 34695
4) Change Add Remove	<u>D</u>	RABBI JOSEPH SCHWARTZ	2914 AVE L BROOKLYN, NY 11210
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)					
(attach additional sheets, if necessary). (Be specific)					
Providing compassionate care and comfort to the terminally ill.					
	-				

The date of each amendment(s) ad	option: June 1, 2014	, if other than the
date this document was signed.	^	
Effective date if applicable: 1977	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) il.	
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were ors.	
Dated	1, 2014	
have not bee	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Ben Atkin	us .	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	