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COVER LETTER

TO: Amendment Section Division of Corporations

EAGLE LAKE NAME OF CORPORATION:	FOUNDATION, INC	·
N0500004803		- ,
The enclosed Articles of Amendment and fee are su	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Aaron Bloom		
	(Name of Contact Person	n)
	(Firm/ Company)	
310 10th Ave N		
	(Address)	
Safety Harbor, FL 34695		
	(City/ State and Zip Cod	e)
aaron.bloom.gc@gmail.com	n	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Aaron Bloom	727 at (420-2329
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee Status Certificate of Status	A	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

EAGLE LAKE FOUNDATION, INC.

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N05000004803	
(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 th amendment(s) to its Articles of Incorporation:	e following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp.' "Company" or "Co." may not be used in the name.	or "Inc."
B. Enter new principal office address, if applicable:	_
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	_
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:	
(Florida street address)	
New Registered Office Address:	
, Florida	
	40)
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	1.

Page 1 of 4

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	<u>V</u> <u>Mik</u>	n Doe le Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Orlee Goldfeld	24641 US HWY 19 N
1) Change X Add			Clearwater, FL 33763
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arattach additional sheets, if necessary).	(Be specific)					
	<u></u> .		<u> </u>				
					 		
						 	
,							
							
							
						-	
	·.			-			
			<u> </u>				
							

	September 10, 2014	
The date of each amendment(s) ad ate this document was signed.	option:	, if other than the
Effective date if applicable:	, ,	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s).	
There are no members or membadopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were ars.	
Dated	La .	
Signature(By the chair	man or vice chairman of the board, president or other officer-if directors	
have not bee	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Ben Atkins		
President	(Typed or printed name of person signing)	
	(Title of person signing)	