

N05000006334

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Document Number)

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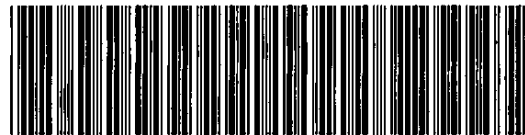
Special Instructions to Filing Officer:

Ferrell Simon  
Auth: The Adoption  
Date... 11.15.06

(10)

Office Use Only

Name chg/cus  
(10) 11.28.04



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11/20/06--01040--003 \*\*43.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Farrell Simon Foundation Incorporated

**DOCUMENT NUMBER:** N05000006334

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

Please return all correspondence concerning this matter to the following:

Farrell Simon

(Name of Contact Person)

Farrell Simon Foundation Incorporated

(Firm/ Company)

P.O.Box 25093

(Address)

Tamarac, FL 33320

(City/ State and Zip Code)

For further information concerning this matter, please call:

Farrell Simon

(Name of Contact Person)

at ( 954 ) 288-8455

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                          |                                                                        |                                                                                                                |                                                                                                                            |
|------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

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

(Document number of corporation (if known))

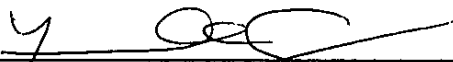
**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

The date of adoption of the amendment(s) was: NOV. 15, 2004

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

Farrell Simon  
(Typed or printed name of person signing)

Chairman of the Board/Founder  
(Title of person signing)

**FILING FEE: \$35**