Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN DORIS BERNSTEIN FAMILY FOUNDATION, INC.

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automission date as the date.

April 16, 2012

FLORIDA DEPARTMENT OF STATE

DORIS BERNSTEIN FAMILY FOUNDATION, INC. 315 SE 7TH AVENUE DELRAY BEACH, FL 33483

SUBJECT: DORIS BERNSTEIN FAMILY FOUNDATION, INC.

REF: N06000008496

Please give original outenission date as file date.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II FAX Aud. #: H12000099912 Letter Number: 312A00011869

4/007 Fax Server

Articles of Amendment to **Articles of Incorporation** of

DORIS BERNSTEIN FAMILY FOUNDATION, INC.		
(Name of Corporation as currently	filed with the Florida Dept, of State)
N0600008496 (Document Number of Corpora	ation (if known)	
(Bootiment National of Corpora	ition (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute following amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corpor</i>	ration adopts the
A. If amending name, enter the new name of the corporati	on:	
GILLMAN FAMILY FOUNDATION, INC.		
The new name must be distinguishable and contain the word ' "Corp." or "Inc." <u>"Company" or "Co." may not be used in</u>		he abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		· ·
		<u> </u>
C. Enter new mailing address, if applicable;		12 APR 16 AM D: 45
(Mailing address MAY BE A POST OFFICE BOX)		
		or or
		OR POR
		<u>6</u>
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name	e of the
new registered agent and/or the new registered office a		
Name of New Registered Agent:		
New Registered Office Address:	Florida street address)	
	. Florida	
•	(City).	(Zip Code)
New Registered Agent's Signature, if changing Registered		era u.a
I hereby accept the appointment as registered agent. I am fan	nuar with and accept the obligations	oj ine position.
Signature of New Regist	ered Agent, if changing	

Page 1 of 4

3)____

5/007 Fax Server

	G the Officers and/or Directors, please list be. Please indicate the title(s), name and ac	t all officers/directors of the corporation as you now want
		have more than 6 officers/directors, please list them on an
additional shee		
Title(s)	Name	Address
1) <u>D</u>	DORIS BERNSTEIN	315 SE 7TH AVE
· · ·		DELRAY BEACH, FL 33483
·		***
2)D	LAUREN M. GOLDSTEIN	5833 SOLWAY ST
· 		PITTSBURGH, PA 15217
3) <u>D</u>	ABBY R BERNSTEIN	32 SE 2ND AVE UNIT 514
		DELRAY BEACH FL 33444
4) <u>D</u>	MARJORIE HORWIN	225 NE MIZER BLVD SUITE 685
		BOCA RATON FL 33432
_		
5) <u>O</u>	DREW GOLDSTEIN	5833 SOLWAY ST PITTSBURGH, PA 15217
		P1115BURGH, PA 15217
6)		
IEDEMOVIN	C afficer and/or discretor places list th	ne title(s) and name of the officer/director to be removed:
HENNOVIN	G an officer and/or director, please list the	le dite(s) and name of the officer/an ector to be removed.
Title(s)	Name	Title(s) Name
1)		4)
-/		7

E. It amending or adding additional sheets, if ne	ecessary). (Be specific)		
N/A				
				
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	The date of each amendmen	nt(s) adoption: _	4-7-20	12			
	Effective date if applicable:		more than 90 days	after amend	ment file date)		
	Adoption of Amendment(s)	(C	HECK ONE)				
	The amendment(s) was/ was/were sufficient for a		the members and t	he number of	votes cast for	the amendment(s)	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/wer adopted by the board of directors.						ent(s) was/were	
	Dated	4-7-10 Davis	2 Bernster				
	(By the have	not been selected	ce chairman of the I, by an incorporate fiduciary by that fi	or — if in the l			
	DORIS BE	ERNSTEIN					
	(Typed or printed name of person signing)						
PRESIDENT							
	(Title of person signing)						

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