

NO7000002925

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Amend

FILED
12 JUL 16 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 17 2012
T. ROBERTS

EDWARD B. COHEN
DAVID C. KOTLER
MICHAEL I. KOTLER •
ALLAN H. SCHWARTZ
RONALD M. ZAKARIN ••

LAW OFFICES
SCHWARTZ, GOLD, COHEN, ZAKARIN & KOTLER, P.A.
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54 S.W. BOCA RATON BOULEVARD, BOCA RATON, FLORIDA 33432
TELEPHONE: 561-361-9600 FACSIMILE: 561-361-9770
WEBSITE: SGCZKLAW.COM

JAMIE E. MORRIS ••••
PAULA GOLD (RETIRED)

ESTABLISHED 1984

July 12, 2012

Sent Via Certified Mail - 7009 2820 0001 0781 9345 -

Return Receipt Requested

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

Re: Organization of The Lillian and Albert Noren Foundation, Inc.

Dear Sir/Mam:

Enclosed please find a check in the amount of Thirty Five Dollars (\$35.00) for the filing of the enclosed Articles of Amendment to the Articles of Organization of the above referenced Foundation. Please file the Articles of Amendment to the Articles of Organization and return a copy of the filed articles in the enclosed self-addressed stamped envelope. Thank you for your assistance with this matter.

Very truly yours,



Michael I. Kotler

Encl.
MIK/jk



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Lillian and Albert Noren Foundation, Inc.

DOCUMENT NUMBER: NO7000002925

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

Please return all correspondence concerning this matter to the following:

Michael I. Kotler, Esquire

(Name of Contact Person)

Schwartz Gold Cohen Zakarin & Kotler, P.A.

(Firm/ Company)

54 SW Boca Raton Boulevard

(Address)

Boca Raton, Florida 33432

(City/ State and Zip Code)

mkotler@sgczklaw.com

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

For further information concerning this matter, please call:

Michael I. Kotler, Esquire at 561 361-9600

(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:

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

The Lillian and Albert Noren Foundation, Inc.

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

N07000002925

(Document Number of Corporation (if known))

FILED
12 JUL 16 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

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." 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)

67 Lake Eden Drive

Boynton Beach, Florida 33435

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

67 Lake Eden Drive

Boynton Beach, Florida 33435

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 _____
(City) (Zip Code)

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.

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 7-11-12

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(s) was/were sufficient for approval.
- ☒ 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 7/11/12
Signature Michael Kotler Director
(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)

Michael Kotler
(Typed or printed name of person signing)
Director
(Title of person signing)