

N07000007537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

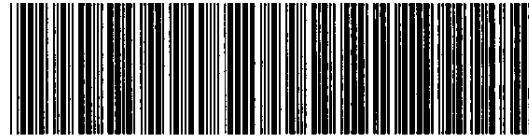
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



100186738471

10/18/10--01045--006 **52.50

2010 OCT 18 P 4: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*Amend AC
Teev's
10-20-10*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Fragile X Families Foundation, Inc.

DOCUMENT NUMBER: N07000007537

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

Please return all correspondence concerning this matter to the following:

Paul Kaplan

(Name of Contact Person)

KW Property Management & Consulting

(Firm/ Company)

8200 NW 33rd Street, Suite 300

(Address)

Miami, FL 33122

(City/ State and Zip Code)

pkaplan@kwpropertymanagement.com

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

For further information concerning this matter, please call:

Christina Chartouni

(Name of Contact Person)

at (305) 213-4950

(Area Code & Daytime Telephone Number)

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

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$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

FILED

2010 OCT 18 P 4: 08

Florida Fragile X Families Foundation, Inc.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N07000007537

(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:

A. If amending name, enter the new name of the corporation:

Families For Fragile X, Inc.

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**)

8200 NW 33rd Street, Suite 300

Attn: Paul Kaplan (KW Property)

Miami, FL 33122

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

8200 NW 33rd Street, Suite 300

Attn: Paul Kaplan (KW Property)

Miami, FL 33122

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: _____

New Registered Office Address: _____

(Florida street address)

_____, Florida
(City)

_____, Florida

(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


The date of each amendment(s) adoption: October 11, 2010
(date of adoption is required)

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 October 11, 2010

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)

Christina Chartouni
(Typed or printed name of person signing)

Secretary
(Title of person signing)