# N0300001632

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	 me)
(Do	cument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900211101289

08/22/11--01088--009 \*\*35.00



Do Aprior

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Neurofibromatosis Center Foundation Corp			
DOCUMENT NU	MBER: N08000001632		
The enclosed Artic	cles of Amendment and fee are submit	tted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	· · · · · · · · · · · · · · · · · · ·	/l. Sabbagh	
	(Name of Co	entact Person)	
	Neurofibromatosis Co	enter Foundation Corp	
<del></del>	(Firm/ C	ompany)	
	7115 Miami	Lakes Drive	
	(Add	lress)	
	Miami Lake	s, FL 33014	
	(City/ State a	nd Zip Code)	
<del></del>		gmail.com or future annual report notification	on)
For further inform	ation concerning this matter, please ca	all:	
Katherin M. Sa		at (305) _915-6833_	
(Na	me of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a chec	k for the following amount made paya	able 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)
Ar Di P.	ailing Address mendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	ŕ

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

## Neurofibromatosis Center Foundation Corp (Name of Corporation as currently filed with the Florida Dept. of State) N08000001632

(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:

Neurofibrom				_
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.				
abbreviation "Corp. or "Inc. "Company" or	"Co." may no	<u>i de usea in ine name</u> .		
B. Enter new principal office address, if appli	icable:	No Change		<u> </u>
(Principal office address MUST BE A STREET			`₩	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
			- 13 th	
			25	₹ Л
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	TE DOW	No Change	<b>3</b> M	n
- Mailing address MAY BE A PUNT OFFIC.	<u>E BUX</u> )	-10 011a.1gc		-
(17411118)	<u> </u>			
(manage and constant)				_
(manage and company)				-
		**************************************		-
D. If amending the registered agent and/or re		e address in Florida, e	nter the name of the	- - <u>ne</u>
	egistered office		nter the name of t	- - <u>he</u>
D. If amending the registered agent and/or renew registered agent and/or the new regist	egistered office tered office ad		nter the name of t	- - <u>ne</u>
D. If amending the registered agent and/or re	egistered office tered office ad	dress:	nter the name of th	- - <u>ne</u>
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered Agent:	egistered office tered office ad	dress: No Change	nter the name of th	- - <u>he</u>
D. If amending the registered agent and/or renew registered agent and/or the new regist	egistered office tered office ad	dress:	nter the name of th	- - <u>ne</u>
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered Agent:	egistered office tered office ad	dress: No Change ida street address)	, Florida	- - <u>he</u>
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered Agent:	egistered office tered office ad	dress: No Change		- <u>ne</u>
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:	egistered office tered office ad N	dress: No Change rida street address) (City)	, Florida	- - h <u>e</u>
D. If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered Agent:	egistered office tered office ad N	dress: No Change rida street address) (City)	, Florida	- ne

### 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)

**Title** Name <u>Address</u> Type of Action No Change ☐ Add ☐ Remove \_\_\_\_\_ 🗖 Add ☐ Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) No Change

The date of each amendment(s) adoption: 15-Aug-11		
j Effective date <u>if applicable</u> :	(date of adoption is required) 15-Aug-11	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
There are no members or a adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated_12-A	.ug-11	
Signature	Kather H. Sabbach	
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Katherin M. Sabbagh	
(Typed or printed name of person signing)		
President		
	(Title of person signing)	