N0800000 5894

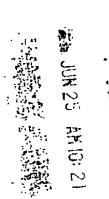
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Barry and Re	nee Honiz Chartable Foundation Inc.
DOCUMENT NUMBER: NO800000	5894
The enclosed Articles of Amendment and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	
Jonathan Honig	
N)	ame of Contact Person)
	(Firm/ Company)
5825 Windson	Cont
Bucy Ratur F	L 33496
E-mail address: (to be used for	AOL. (OM) future annual report notification)
For further information concerning this matter, please cal	l:
Jonathyn Hong	at 561. 445. 3665
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payar	de to the Florida Department of State:
(\$43.75 Filing Fee & Sertified 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 .	
Burry and Kenee	Hania Chur tab	e forktin Inc
_ •		da Dept. of State)
N08 000	005894	
(Docume	ent Number of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Floric amendment(s) to its Articles of Incorporation:	la Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	
		The new
name must be distinguishable and contain the word ' "Company" or "Co," may not be used in the name.	'corporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	<u> </u>	
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)	
C. Enter new mailing address, if applicable:	ov.	
(Muiling address <u>MAY BE A POST OFFICE BO</u>	<u></u>	
		· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registor	ered office address in Florida.	enter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent:		
-	(Flo	rida street address)
<u>New Registered Office Address:</u>		
-		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re	gistered Agent:	
I hereby accept the appointment as registered agent.	i am familiar with and accept t	he obligations of the position.
		red Agent, if changing

· If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name 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 = Ch Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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. The 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 Cha Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John I V Mike . SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P</u>	Jonatha Hong	S825 Wilson Ct. Born Rate FL
X Remove			33-196
2) Change Add	Dir	Jurithan Hong	5525 Windson Ct. Bury Raby FL
	Die	Wayne Kraft	100 West 57th Street Nowhent 17E
Remove			New Took No 10019
4) X Change Add Remove	<u>. P, D</u>	Alan S. Honig	Boca Ration, FL 33487
5) X Change Add Remove	1,5,0	Renee Hong	Boun Ritin FL 33432
6) Change Add	<u> P, D</u>	Barry Honig	215 SE Spansh Tha Boin Rata FL
X Remove		Page 2 of 4	33432

If amending or adding additional Artication additional sheets, if necessary).	(Be specific)				
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	e date of each amendment(s) adoption:	, if other tha
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tument's effective date on the Department of State's records.	: listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
[2]	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 6124119	
	Signature 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)	
	(Typed or printed name of person signing)	
	Dice chy treasurer Secretary (Title of person signing)	