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TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	ON: BARRY AM	D RENGE	HONIG	CHARITABLE	FOMPA
DOCUMENT NUMBER:	Nossomo.	5894			
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this mat	ter to the following:			
A	LAN S. HON	Olf, CPA - (Name of Contact Pe	rson)		
		(Firm/ Company)		
175	82 BOCALI	ZE WAY (Address)			
	CA RATON	FL, 33 (City/ State and Zip C	487 Code)		
<u> </u>	mail address: (to be use	AOL. COM d for future annual rep	ort notification	n)	
For further information con-	cerning this matter, please	e call:			
ALA	US HONIG	atat _	917 (e) (Area Code)	17-1239 (Daytime Telephone N	
Enclosed is a cheek for the	following amount made p	ayable to the Florida D	Department of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	* Certifi Certifi	cate of Status ed Copy ional Copy is	
Mailing /	Address	Str	eet Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida	Dept. of State)
BARRY AND RENEE HONIG	CHARITABLE FOUNDATION, IN Colber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
THE RENEE HONIG FAMILY F name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	The new ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	5058 WINDSOR PARKE Derve
(Principal office address <u>MUST BE A STREET ADDRESS</u>	BOCA RATON 76, 33496
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5058 WINDSOR PARKE DRIVE BOLA RATON FL 33496
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address) (Florida street address) Florida (Circle) (Circle of the circle)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	
	Signature of New Registered Agent, if changing

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and address of each to (Attach additional she Please note the officer P = President; V= Via	Officer and/or Divers, if necessary) c/director title by the ce President; T= T	rector being added: the first letter of the office title: treasurer; S= Secretary; D= Director; TR=	cer/director being removed and title, name, Trustee; C = Chairman or Clerk; CEO = Chief
Executive Officer; CF held. President, Treas			than one title, list the first letter of each office
	leaves the corpora	ition, Sally Smith is named the V and S. Thes	he PST and Mike Jones is listed as the V. There is see should be noted as John Doe, PT as a Change.
Example: X Change X Remove X Add	V Mike	Doe 2 Jones 2 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	<u>P/D</u>	RENGE HONIG	150 GAST PALMETTO PARK ROAD, SUTP40
Remove 2) X Change Add	<u>T/s/D</u>	ALAN SHONIG	BOICA RATON 76 33437 17582 BOCAIRE WAY BOCA RATON FL 33487
Remove 3) Change Add Remove	 		
4) Change Add			A 5 002
Remove 5) Change Add			JUN 20 PA
Remove 6) Change Add			F 2: 34
Remove			
E. If amending or ad (attach additional s		rticles, enter change(s) here:). (Be specific)	
		fall the nember of	
Pinec	tour of t	he Barry and Renee	Honig Chambable
Foun	datum Inc	on Tune 15, 20x2:	
	WHIME	d pass u	

nembers of the	por and agreed to by all Board that the vicence of be changed since there are members New and whe future come action.	
many family who will be	members New and whe future	
The Newname Family For	will be The Renee Honiq	
	2022 JUN 2D PM 2: 34 BLOALTANY OF STATE TALLAHASSEE, FLORIDA	Π = Π)
The date of each amendment(s) adoption: date this document was signed.	June 15, 2022, if other	than the
Effective date if applicable:	JYNE IS, VOVV nan 90 days after amendment file date)	
	the applicable statutory filing requirements, this date will not be listed as	; the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

Dated	June 15 way	1
Signati	(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)	See, Tru
	(Typed or printed name of person signing)	
	Secretare Tuaqueer (Title of person signing)	2022 351
		JUN 20