## N08000008615

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

HASSEE, FLORIDA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: The Patti Shiv	vely Foundation	<del></del>
DOCUMENT NUM	BER: N08000008615		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
		ulia Cook	
	(Name of	f Contact Person)	
<del></del>		y & Cook, PA	<u>.</u>
	(Firm	n/ Company)	
*****		W 57th Street	·
	(	Address)	
<del></del>		ville, FL 32605	
	(City/ Sta	ate and Zip Code)	
	E-mail address: (to be use	ed for future annual report notification	on)
For further information	on concerning this matter, pleas	e call:	
Julia Cook		at ( 352) 331-9092	
(Name	of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Department o	f 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		Street Address Amendment Section Division of Corporations Clifton Building	,

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

TI D # 01 1		
(Name of Corporation as current)	vely Foundation, The	'State)
	00008615	<u>State</u> )
	er of Corporation (if known)	tama and the tamas of the
ursuant to the provisions of section 617.1006, Flore following amendment(s) to its Articles of Income		or Profit Corporation add
. If amending name, enter the new name of th	ne corporation:	
he new name must be distinguishable and conto bbreviation "Corp." or "Inc." "Company" or "		
Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		09 MA
		Y 22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	PH 12:
		1E IDA
		enter the name of the
If amending the registered agent and/or reginew registered agent and/or the new register	red office address:	
	red office address:	
new registered agent and/or the new register	red office address:  (Florida street address)	
Name of New Registered Agent:		, Florida (Zip Code)

Signature of New Registered Agent, if changing

	the Officers and/or Directors, enter th		lirector being
	title, name, and address of each Office onal sheets, if necessary)	er and/or Director being added:	
(Allach adalli	onal sheets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
		-	_
			_ 🗆 Add
			_ Remove
		, <u>,</u>	_
			_ D Add
			_ 🗖 Remove
			<del></del>
E. If amendir	ng or adding additional Articles, enter	· change(s) here	
	itional sheets, if necessary). (Be spec		
Upon the	e dissolution of the Fou	ndation all aggets	chall bo
distribu	ited for one or more exe	mpt purposes within	the meaning
of Secti	ion 501(c)(3) of the Int	ernal Revenue Code,	or corresponding
section	of any future federal t	ay code or shall be	distributed
to the	federal government, or t	o a state or local go	overnment,
for a pu	ublic purposes. Any suc	h assets not disposed	d of shall
be dispo	osed of by a Court of Co	mnetent Jurisdiction	of the county
in which	n the principal office o	f the organization is	s then located,
exclusiv	vely for such purposes,	or to such organizat	ion or
organiza	ations, as said Court sh	all determine, which	are organized
		· · · · · · · · · · · · · · · · · · ·	are organizaca
and oper	cated exclusively for su	ch purposes.	

The date of each amendmen	(s) adoption: 5/25/09
Effective date if applicable:	
	(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 adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	1/20/09
Signature (	time Atano
(B) hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary)
	Jamie Janes
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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