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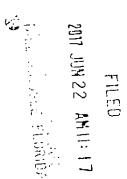
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C. GOLDEN
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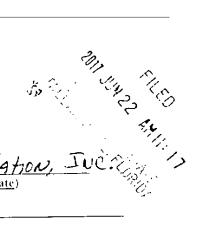
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: The Glenn and Lucy Friedt Family Foundation, Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Glenn H. Friedt Jr. (Name of Contact Person)
. (Firm/ Company)
150 N Federal Hwy suite 230
Fort Lauderdale FL 33301 (City/State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GLenn Fried t at 954 - 977 - 0900 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee Sectificate of Status Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Sectificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 Street Address Amendment Section Division of Corporations Chifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



The Glewn And Lucy Fried	4 Family	Foundation, Juc.?
(Name of Corporation as curre	ntly med with the Pa	rina Dept. in State)
WO8786 (Document Num	ber of Corporation (if	known)
Pursuant to the provisions of section 617 1006, Florida Statu amendment(s) to its Articles of Incorporation:	es, this Florida Not F	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora County CArdens PCE name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.		The new ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		NA
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		N/A
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:	ice address in Florid address:	a, enter the name of the
New Registered Office Address:		(Florida street address)
	./"	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	(City) d Agent: amiliar with and acce	·
	Signature of New Reg	istered Agent, if changing

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)

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 = Chief Executive Officer; CFO = Chief Financial Officer If an officer/director holds more than one title, list the first letter of each office 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. There is 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 Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	N/A	
Add		
Remove		
2) Change		
Add		
Remove		
3)Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

If amending or adding addition anach additional sheets, if neces.	sary). (Be spe	rcific)					
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The date of each amendment(s) adop	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	6-19-17	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date wirtment of State's records.	II not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopwas/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)
☐ There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were	
Dated <u>6</u>	-19-17	
(By the chairmanne have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustec, or pointed fiduciary by that fiduciary)	
G/en	(Typed or printed name of person signing)	
Din	ector / V. President (Title of person signing)	