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SECRETARY OF STATE

Amend

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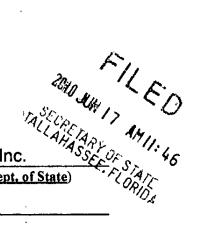
#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: The National I	Network of Organ Donors, Inc.
DOCUMENT NUMI	BER: N09000002181	t .
	of Amendment and fee are sul	bmitted for filing.
Please return all corre	spondence concerning this mat	tter to the following:
***************************************	<del></del>	Brownstein (Control Process)
	(Iname of	f Contact Person)
	The National Netw	vork of Organ Donors, Inc.
	(Firm	n/ Company)
	PO E	Box 223613
·	· <del>· · · · · · · · · · · · · · · · · · </del>	(Address)
	West Palm	Beach, FL 33422
		ate and Zip Code)
	- h	2000@hallaguith mat
<del>*************************************</del>		2068@bellsouth.net ed for future annual report notification)
For further information	on concerning this matter, pleas	·
Art Brownstein		at ( 561 ) 351-8570
(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 of State:
	\$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fe Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fe Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address	Street Address
	dment Section	Amendment Section
	on of Corporations  Box 6327	Division of Corporations Clifton Building
	assee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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



#### The National Network of Organ Donors, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

#### N09000002181

(Document Number of Corporation (if known)

breviation "Corp." or "Inc." <u>"Compan</u>	id contain the word y" or "Co," may no	"corporation" of t be used in the na	r "incorporated" or th i <u>me</u> .
Enter new principal office address, if Principal office address <u>MUST BE A STI</u>			
. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST O</u>		PO Box 22361	13
		West Palm Be	ach, FL 33422
		•	
. If amending the registered agent and/ new registered agent and/or the new			la, enter the name of t
			la, enter the name of t
new registered agent and/or the new			la, enter the name of t
new registered agent and/or the new	registered office ad		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:	registered office ad	dress:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:  New Registered Office Address:	registered office ad	dress: ida street address) (City)	, Florida
Name of New Registered Agent:	registered office ad  (Flor	dress: ida street address) (City)	, Florida

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	Lew Blatte	255 Evernia Street Apt. # 1318 West Paim Beach, FL 33	☐ Add ☑ Remove
	, ,		Add Remove
			☐ Add ☐ Remove
E. If amend (attach ad	ding or adding additional Article dditional sheets, if necessary). (	es, enter change(s) here: Be specific)	
		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	
***************************************			
		· .	

•		on: June 10, 2010			
Effective date if appli	icable:	(date of add	ption is require	ea) ·	
	(1	no more than 90 days	after amendme	nt file date)	
Adoption of Amendm	ient(s)	(CHECK ONE)			
The amendment(s) was/were sufficient		by the members and t	he number of v	otes cast for the an	nendmer
There are no mem adopted by the boa		ntitled to vote on the a	mendment(s).	The amendment(s)	) was/we
adopted by the boa	ard of directors.				
en de la serie de la companya de la	• •	The second secon	To the second		·
en de la serie de la companya de la	ird of directors.  1 2d June 14, 201	The second secon	en la companya de la		· · ·
Date	1 ed June 14, 201	The second secon			
Date	tature Uf	0  Snownsterman or vice chairman	of the board, pr	esident or other off	icer-if d
Date	tature(By the Chairm	o Brownste	of the board, proporator – if in	esident or other off	icer-if d
Date	tature(By the Chairm	Dewnsternan or vice chairman or selected, by an incorpointed fiduciary by the	of the board, proporator – if in	esident or other off	icer-if d

Page 3 of 3