N0900005374

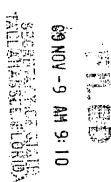
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Amend C.COULLIETTE NOV 1 2 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Santillan	Foundation	
DOCUMENT NUM	IBER: N09000005274		
The enclosed Article	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
		in Swerdlin	····
	(Name of	f Contact Person)	
	The Sant	tillan Foundation	
	(Firn	n/ Company)	
	9494 /	Aegean Drive	
	(Address)	·····
	Boca Ra	aton, FL 33496	
	(City/ Sta	ate and Zip Code)	
		dlin@yahoo.com ed for future annual report notific	eation)
For further informati	on concerning this matter, pleas	se call:	
Kevin Swerdlin		at (786) 355 923	31
(Name	e of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check f	for the following amount made	payable to the Florida Departmer	nt of State:
\$1\$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		Street Address	is cholosed)
		Amendment Section	
	sion of Corporations	Division of Corporati	ons
	Box 6327	Clifton Building	Cinala
Tallahassee, FL 32314		2661 Executive Center	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Sant	illan Foundation <i>INC</i> .	
	000005274	
(Document Num	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		Not For Profit Corporation adopts
A. If amending name, enter the new name of	the corporation:	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" o		
B. Enter new principal office address, if app		was t
(Principal office address <u>MUST BE A STREE</u>	T ADDRESS)	
	 	SS 4
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	=	
		<u> </u>
D. If amending the registered agent and/or r		orida, enter the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addre	ess)
	(C:)	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.		and accept the obligations of the
<u></u>	ignature of New Registered Ag	ent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being					
4	removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)				
Title	<u>Name</u>	Address	Type of Action		
Titte	<u>ivame</u>	<u>Audress</u>			
•			·		
		·	Remove		
			☐ Add ☐ Remove		
	ding or adding additional Artical Artical Artical Artical Sheets, if necessary).				
	•	ation is organized exclusively for o	haritable religious		
educatio	nal, & scientific purposes,inc	luding,for such purposes, the mak	ing of distributions		
to organi	zations that qualify as exem	pt organizations under section 501	c3 of the internal		
revenue	code, or the corresponding s	section of any future federal tax co	de.		
Port 6 II	non dissolution of the corner	ration, assets shall be distributed for	or one or more		
	·				
exempt p	ourposes within the meaning	of section 501c3 of the internal re-	venue code, or		
the corre	sponding section of any futu	re federal tax code, or shall be dis	tributed to the		
federal g	overnment, or to a state or lo	ocal government, for a public purpo	ose. Any such		
assets no	ot so disposed of shall be dis	sposed of by a court of competent	iurisdiction of the		
county in	medical the principal oπice of	the corporation is then located, ex	ciusively for		
such pur	poses or to such organizatio	n or organizations, as said court s	hall determine,		
which ar	e organized and operated e	xclusively for such purposes. In wi	tness whereof, we		
have he	reunto subscribed our names	s this fourth day of November 2009	9		
	<u>.</u>				

The date of each amendmen	t(s) adoption: 11/4/2009
Effective date <u>if applicable</u> :	(date of adoption is required)
	(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	ere adopted by the members and the number of votes cast for the amendment(s) proval.
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.
hav	the thairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Kevin Swerdlin (Typed or printed name of person signing)
	President of the Santillan Foundation
	(Title of person signing)