N09000008654

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Amend

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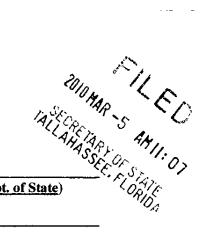
TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPO	RATION: GIVET Found	ation, Inc.	
DOCUMENT NUM	BER: N09000008654		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
		Eric Link	
	(Name of	f Contact Person)	
	GivET F	Foundation, Inc.	
	(Firm	n/ Company)	
	15186 S	ugargrove Way	
	(Address)	
	Orland	do, FL 32828	
	(City/ Sta	ate and Zip Code)	
		GivETcard.com	
		ed for future annual report notifica	ition)
For further information	on concerning this matter, pleas	se call:	
Eric Link		at (407) 367-897	0
(Name	of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Department	of 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 Corporatio Clifton Building	ŕ

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



GivET Foundation Inc.

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

N09000008654

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Flor the following amendment(s) to its Articles of Incorp		Profit Corporation adopts
A. If amending name, enter the new name of the	corporation:	
The new name must be distinguishable and contain abbreviation "Corp." or "Inc." "Company" or "C		
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
D. If amending the registered agent and/or regis new registered agent and/or the new registere		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered age position.		cept the obligations of the
	ture of New Pagistared Agent if a	hanaina

Signature of New Registered 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) Title **Name** <u>Address</u> **Type of Action** ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Article IX: Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

The date of each amendment(s)) adoption: March 1, 2010
`	(date of adoption is required)
Effective date <u>if applicable</u> : _	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
✓ The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated March Signature	1, 2010
(By the	ne chairman or vice chairman of the board; president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Eric Link
	(Typed or printed name of person signing)
	Director
	(Title of person signing)

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