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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: G. Robert Tor	ney Family Foundation,	Inc.
DOCUMENT NUM	BER: NO 900009075		
The enclosed Articles	s of Amendment and fee are sul	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		n T. Coleman	
	(Name of	Contact Person)	
	Brinkle	y Morgan, LLP	
	(Fim	n/ Company)	
	200 East Las	Olas Blvd, 19th Floor	
		Address)	
	Fort Laude	erdale, FL 33301	
-		ate and Zip Code)	
		@brinkleymorgan.com ed for future annual report notific	cation)
For further information	on concerning this matter, pleas	e call:	
William T. Colem	an	_{at (} 954 ₎ 522-22	00
(Name	of Contact Person)		ime Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	nt 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)
	ing Address ndment Section	Street Address Amendment Section	,
Division of Corporations		Division of Corporat	ions
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Cent	er Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

· · · · · · · · · · · · · · ·		
Article	es of Amendment to	TASEC PH 4. State)
Articles	of Incorporation of	ALLAKASSI PHY
G. Robert Toney Fa	amily Foundation, Inc.	5. 6. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
(Name of Corporation as current	ly filed with the Florida Dept. of S	State) ORIO
(Document Numbe	r of Corporation (if known)	
e following amendment(s) to its Articles of Incom		Profit Corporation adopts
. If amending name, enter the new name of th	e corporation:	
	nily Foundation, Inc.	
ne new name must be distinguishable and conto bbreviation "Corp." or "Inc." <u>"Company" or "</u>		ncorporated" or the
Enter new principal office address, if application of the principal office address MUST BE A STREET A		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	
	<u></u>	-
. If amending the registered agent and/or reginew registered agent and/or the new register		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing be because the appointment as registered agosition.	(City) Registered Agent:	, Florida (Zip Code) cept the obligations of the

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) <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** _ □ Add Remove Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: October 5, 2009
Effective date <u>if applicable</u> :	(date of adoption is required) October 15, 2009
	(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.
Dated	Moller Co
hav	the chairman or vice chairman of the board, president or other officer-if directors be not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiductory by that fiduciary)
	G. Robert Toney
	(Typed or printed name of person signing)
	President
	(Title of person signing)