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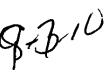
(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:
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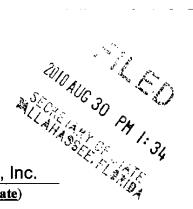
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Malissie Newto	on Rou	ıntree I	Memorial	Scholarship Fund Ine
DOCUMENT NUM	BER: N09000011980				
The enclosed Articles	s of Amendment and fee are sub	mitted fo	r filing.		
Please return all corre	espondence concerning this matt	ter to the	following	<b>:</b>	
	Mita	Rount	ee		
	(Name of	Contact	Person)		
•	Malissie Newton Rountree	Memor	ial Scho	larship Fu	nd. Inc.
		/ Compa		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	915 1	4th Stre	et F		
		Address)			
ı	Braden	ton Fl	34208		
***	(City/ Sta			<del></del>	<del></del>
	rountree.scho				cation)
For further information	on concerning this matter, please			.,	,
Mita Rountree		at (	904	) 616-40	063
	of Contact Person)	ar (_			time Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to	the Flori	da Departme	ent of State:
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Cert (Add	43.75 Filin ified Copy litional co osed)	7	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314		Ameno Divisio Cliftor	Address Ilment Section on of Corpora Building Executive Cen	tions

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of



# Malissie Newton Rountree Memorial Scholarship Fund, Inc.

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

#### N09000011980

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

e new name must be distinguishable and breviation "Corp." or " Inc." <u>"Company"</u>		
Enter new principal office address, if ap incipal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		
$\cdot$		
		enter the name of the
If amending the registered agent and/or new registered agent and/or the new registered agent?		enter the name of the
		enter the name of the
<u>Name of New Registered Agent:</u>	gistered office address:  (Florida street address)	enter the name of the

j

# 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
			_
(attach add	ing or adding additional Articles, ditional sheets, if necessary). (Be	e specific)	table, religious. educa-
	scientific purposes, including		
	ons that qualify as exempt org		
	e Code, or corresponding sec		
Provision E	3: Upon the dissolution of the	organization, assets sha	Il be distributed for one
	empt purposes within the me		
	e, or corresponding section of		· · · · · · · · · · · · · · · · · · ·
ed to the fe	ederal government, or to a sta	ite or local government, f	or a public purpose.
	assets not disposed of shall b		
	in which the principal office of		
such purpo	oses or to such organization(s	s), as said Court determin	ne, which are organized
	ted exclusively for such purpo		
		,	

The date of each amendment	t(s) adoption: January, 1, 2010
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	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Aug	ust 27, 2010
(By hav	the chairman 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 the court appointed fiduciary by that fiduciary)
	Mita Antoine Rountree
	(Typed or printed name of person signing)
	Secretary (Title of person signing)
	( I luc of delson signing)

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