# 4/000005662

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: BKH Humanit	arian Foundation Inc	
DOCUMENT NUM	BER: N1000005668		
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
		ine Bigelow	
	(Name of	f Contact Person)	
	Kristine M E	Bigelow, CPA, P.A.	
	(Firm	n/ Company)	
	6630 Emi	passy Boulevard	
	······································	Address)	
	Port Ric	chey, FL 34668	
		ate and Zip Code)	
		deltamedicalcare.com ad for future annual report notifi	cation)
For further information	on concerning this matter, pleas	e call:	
Shari Rosenberg		<sub>at (</sub> 813 <sub>)</sub> 574-16	340
(Name	of Contact Person)	(Area Code & Days	time Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departme	ent of State:
<b>☑</b> \$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	Street Address	,
	ndment Section ion of Corporations	Amendment Section Division of Corporat	
	Box 6327	Clifton Building	110113
	hassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of



#### **BKH Humanitarian Foundation Inc**

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

#### N10000005662

(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:

The new name must be distinguishable an	d contain the word "corporation"	" or "incorporated" or the
abbreviation "Corp." or "Inc." <u>"Compan</u>		
n n		
B. Enter new principal office address, if (Principal office address MUST BE A STI		
C. Enter new mailing address, if applica		
(Mailing address <u>MAY BE A POST OI</u>	FFICE BOX)	
D. If amonding the registered egent and	or registered office address in Fig.	orida enter the name of the
		orida, enter the name of the
new registered agent and/or the new i		orida, enter the name of the
		orida, enter the name of the
new registered agent and/or the new i		orida, enter the name of the
new registered agent and/or the new i		
Name of New Registered Agent:	egistered office address:	ess)
<u>Name of New Registered Agent:</u>	egistered office address:	
<u>Name of New Registered Agent:</u>	egistered office address:  (Florida street addre	ess) , Florida
new registered agent and/or the new part in Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if cha	egistered office address:  (Florida street addre (City)  nging Registered Agent:	ess) , Florida (Zip Code)
<u>Name of New Registered Agent:</u>	egistered office address:  (Florida street addre (City)  nging Registered Agent:	ess) , Florida (Zip Code)

## 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
(attach ada	ng or adding additional Articles ditional sheets, if necessary). (E hall read as follows:	s, enter change(s) here: le specific)	
Said organ	ization is organized exclusiv	ely for charitable and educ	ational purposes,
including, fo	or such purposes, the makir	ng of distributions to organiz	zations that qualify
as exempt	organizations under section	501(c)(3) of the Internal Re	evenue Code, or
correspond	ing section of any future fed	eral tax code.	
Article XII s	shall read as follows:		
Upon disso	lution of the organization, as	ssets shall be distributed fo	r one or more exempt
purposes w	vithin the meaning of 501(c)(	3) of the Internal Revenue	Code, or shall be
distributed	to the federal government, o	or to a state or local govern	ment, for a public
purpose. A	ny such assets not disposed	of shall be disposed of by	the Court of Common
Pleas of the	e county in which the princip	al office of the organization	is then located,
exclusively	for such purposes or to suc	h organization or organizat	ions, as said Court
shall deterr	mine, which are organized a	nd operated exclusively for	such purposes.

The date of each amendmen	t(s) adoption: March 14, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)  March 14, 2011
	(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 irectors.
Dated	
Signature _	2 C C N
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, oner court appointed fiduciary by that fiduciary)
	Nazeer Khan
	(Typed or printed name of person signing)
	Director
	(Title of person signing)