## N10 00000 8731

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	EFAM	Parent	-'s (1	ارطا	nc.	,	
DOCUMENT NUMBER:	N1000	<u>8φφφ</u>	731		···		
The enclosed Articles of Amendme	ent and fee are sub	mitted for filing					
Please return all correspondence co	oncerning this matt	ter to the follow	ing:				
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For further information concerning	this matter, please	e call:					
Jush Yo	elen		at 3	05	322 (Daytime Tele	4561	<b>.</b>
(Name	of Contact Person	1)	(Are	a Code)	(Daytime Tele	phone Num	iler)
Enclosed is a check for the following	ng amount made p	ayable to the Flo	orida Depar	tment of S	State:		1
X S35 Filing Fee □S43 Ce	3.75 Filing Fee & rtificate of Status	□\$43.75 Filing Certified Co (Additional of enclosed)	рy	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)		
Mailing Address			Street A				
Amendment Sect Division of Corp				ient Section of Corpo			1
P.O. Box 6327	OTGUANIS				allahassee		
Tallahassee, FL 1	32314				Street, Suite	310	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of of	
EFAM Parent's Club INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N 1000000 08731	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the amendment(s) to its Articles of Incorporation:	e following
A. If amending name, enter the new name of the corporation:	1
EFAM Student Foundation, INC.	71,
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp."	The new or "Inc."
"Company" or "Co." may not be used in the name.	1
B. Enter new principal office address, if applicable:	70
(Principal office address MUST BE A STREET ADDRESS)	. 8
	2020 AFR -2 PH 4: 48
	1 .
C. Enter new mailing address, if applicable:	, , ,
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	£.
	<b>−</b> 5∞
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	l
new registered agent and/or the new registered office address:	- 1
Name of New Registered Agent:	1
(Florada street address)	+
New Registered Office Address:	
	1
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	-
I hereby accept the appointment as registered agent. I am familiar with an piccept the obligations of the position.	
	1
_ Kunt	
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) Please note the officer/director title by the first letter of the office title: P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Crick; CEO > Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.				
	ves the corporat	ion, Sally Smith is named the $V$ and $S$ . The,	he PST and Mike Jones is listed as the V-There is se should be noted as John Dog, PT as a Change,	
Example:  X Change X Remove X Add	PT         John I           V         Mike           SV         Sally			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove				
2) Change Add				
Remove		•		
4) Change Add				
Remove				
Add Remove				
6) Change Add	<del></del>			
E. If amending or additional shee		Page 2 of 4  rticles, enter change(s) here:  (Be specific)		

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Page 3 of 4	
	1
The date of each amendment(s) adoption: date this document was signed.	, it other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	1
The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 3/30/20
Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
other court appointed fiduciary by that fiduciary)
Kirsten le Pape
(Typed or printed name of person signing)
President

(Title of person signing)