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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	CANTI	ELL FOU	NDATION, INC	
DOCUMENT NUMBER:	NIOC	000099	64	
The enclosed Articles of Amenda	nent and fee are sub	mitted for filing.	_	
Please return all correspondence	concerning this matt	er to the following:	281	ì
SHA	21 B-x	APLAN	·	= -5_
HEO	CAUTI	(Name of Contact Perso <u># 2 </u>	NDATION, INC	子で
	712 8	PALME (Address)	TTO PARK RD.	
	BUCA	RATIN	FL 33472	
		(City/ State and Zip Cod	e)	
SHARIBKA E-mai	PLAN (2) address: (to be used	ME, COM	notification)	
For further information concernir			. ,	
SHARI B	. KMPLA) ne of Contact Person	<u>U</u> at	56/ 346-3/69 rea Code) (Daytime Telephone Number)	; —–
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☑ \$35 Filing Fee □S		□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Addre			Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of CANTIEL FOUNDATION, TWO, (Name of Corporation as currently filed with the Florida Dept. of State) NICOCO OOO 9914 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp," or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. 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 Clerk; 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.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John I V Mike . SV Sally S	Jones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Secretary	RICHARD P. VOLPE	BOXA RATON, FL
Add Remove	, j /	1 11	37472
2) Change Add	Secretary	Jeanne Matvilla	912 F. Palmetto Park Rd Bica Restow, F 1 33432
Remove			
3) Change			
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption: JUNE ZO/7 , if other than to date this document was signed.	the
Effective date if applicable: ONE 1/20/7 (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 not be listed as the document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast 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 Sune 30, 2017	
Signature Shull fell	
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)	
SHALI B. KAPLAN (Typed or printed name of person signing)	
FOUNDER	
(Title of person signing)	