N11000000240

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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	cily Martin Foundation
DOCUMENT NUMBER:	Lily Martin Foundation N 11000000240
The enclosed Articles of Amendment and fee are sub-	
Please return all correspondence concerning this matte	er to the following:
101 1	•
Lily Martin	(Name of Contact Person)
	Jortin Foundation (Firm/Company)
•	` ' ' ' '
1825 Ponce	de Leon Blud # 205 (Address)
	(Address)
Coral Galde	(City/ State and Zip Code)
•	(City/ State and Zip Code)
1 ilymartinel	ive.com I for future annual report notification)
E-mail address: (to be used	I for future annual report notification)
For further information concerning this matter, please	call:
Lily Martin	at 305/613-0157 (Area Code) (Daytime Telephone Number)
(Name of Contact Person	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	_ · · · · · · · · · · · · · · · · · · ·

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

The Lily Marti	n Foundation	
	s currently filed with the Florid	
N1	1000000240	
	nt Number of Corporation (if kno	own)
Pursuant to the provisions of section 617.1006, Floridament(s) to its Articles of Incorporation:	la Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation;	
The Lily Martin Art		Cosp.
name must be distinguishable and contain the word "	corporation" or "incorporated"	or the abbreviation "Corp." or "Inc.".
<u>"Company" or "Co," may not be used in the name.</u>		97 =
B. Enter new principal office address, if applicabl	e:	39 IDA
(Principal office address <u>MUST BE A STREET AD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, e	nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flor	rida street address)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		he obligations of the position.
	Signature of New Registe	red 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 Y SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change			.	
Add				
Remove				
2) Change				
Add				ger een glad diddhiidh Nad abba dag it ee ddismhii in dhii dhii dhii gay ee ee gaa aanaa aanaa ahaa ee saa ee saa ahaa ahaa ah aa aa
Remove				
3) Change		_		
Add				
Remove				
4) Change			<u>.</u>	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional A (attach additional sheets, if necessary)	(Be specific)	· · ·		
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	AND ADDRESS, CAMPAINS ON A SPECIAL PROPERTY OF THE PARTY			
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	ale a proper a specific que y l'afferment publiches public est proper proper est	r kanganan bagis at t and tiliga annang dibun ang kit dan mang kananan ang annan a pilitin a		

	e this document was signed.	if other than the
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nument's effective date on the Department of State's records.	listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	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 8.3 15 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)	
	(Typed of printed name of person signing)	
	(Typed of printed name of person signing)	
	President/founder	
	(Title of person signing)	