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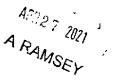


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## COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Dur Fu	end, Inc.	<u></u>	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submi	tted for filing.		
Please return all correspondence concerning this matter	to the following:		
R. Mark Bla	ulack		
(1)	Name of Contact Pers	on)	
- Our Fund,			
•	(Firm/ Company)		
1201 NE 264 S	t. 5tc. 10	8	
	(Address)		
Wilton Manors,	FL 3:	3305	
(C	ity/ State and Zip Co	de)	<del></del>
m blaylack @ o  E-mail address: (to be used fo	ur-fund	· acq	
E-mail address: (to be used fo	r future annual report	notification	1)
For further information concerning this matter, please cal	1;		
MARK BLAYLOCK	at	954	565 - 1090 (Daytime Telephone Number)
(Name of Contact Person)	(A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payab			
(	\$43.75 Filing Fee & Certified Copy Additional copy is enclosed)	Certifi Certifi	cate of Status ed Copy ional Copy is
Mailing Address	Street	Address	
Amendment Section Division of Corporations		dment Section	
21 islan or Corporations	DIVISI	on of Corpo	ration\$

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

	to	
A	rticles of Incorporation	`~
	of	200: 5/1
	Fund, Inc.	Plorida Dept. of State)
(Name of Corporation as c	urrently filed with the I	lorida Dept. of State
· · · · · · · · · · · · · · · · · · ·		( ).
(Document	Number of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Florida 5 mendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not</i>	For Profit Corporation adopts the following
. If amending name, enter the new name of the cor	poration:	
Pur Ell T		
and must be distinguished and and and	dation, Inc.	The ne
ame must be distinguishable and contain the word "con Company" or "Co." may not be used in the name.	rporation" or "incorpora	ited" or the abbreviation "Corp." or "Inc.
Enter new principal office address, if applicable:	<del></del>	
Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
If amonding the second second	- <del>-</del>	
If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florid	a, enter the name of the
sew registered agent and of the new registered on	ice address:	
Name of New Registered Agent:		
New Registered Office Address:	(	Florida street address)
		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Registe	and Asset	
ereby accept the appointment as registered agent. I a.	rea Agent: m familiar with and occa-	at the obligations of the same?
, i off to regulation agent. I the	т јатиш - wun una accej	n are obugations of the position.
	Signature of New Regi	stered 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 = ChiefExecutive 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 D           V         Mike J           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	<del></del>		
Add Remove			
2) Change			
Add			
3 ) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove		-	7
6) Change Add			
Remove		Page 2 of 4	

f amending or adding additional Artication of the Artication of th	(Be specific)		<b>-</b>				
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The date of each amendment(s) adoption: March 17, 2020 date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(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 a document's effective date on the Department of State's records.	not be listed as the
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.	
Signature Sen Mu hally	
Signature Len Mr hally	
(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 or printed name of person signing)	
(Typed or printed name of person signing)	
VICE CHAIR	
(Title of person signing)	