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COVER LETTER

TO: Amendment Section Division of Corporations JERRY AND RASMIEH FATTAH CHARITABLE FOUNDATION INC NAME OF CORPORATION: N11000004457 DÖCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JERRY FATTAH (Name of Contact Person) (Firm/ Company) 8643 NAVAJO AVE (Address) **TAMPA, FL 33637** (City/ State and Zip Code) ROSA.QUINTELA@GTAX.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ROSA QUINTELA** 540-8537 813 (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JERRY AND RASMIETH FATTAH CHARITABLE FOUNDATION INC

(Name of Corporation as currently filed with the Florida Dept. of State)				
N11000004457				
(Document N	umber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following			
A. If amending name, enter the new name of the corpo	oration:			
JERRY AND RASMIEH FATTAH CHARITABLE FOU	INDATION INC The new			
name must be distinguishable and contain the word "corp "Company" or "Co," may not be used in the name.	poration" or "incorporated" or the abbreviation "Corp." or "Inc."			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>SSS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi				
Name of New Registered Agent:				
New Registered Office Address:	(Florida street address)			
	(City) (Zip Code)			
\ New Registered Agent's Signature, if changing Registe	red Agent:			
I hereby accept the appointment as registered agent. I an				
	Signature of New Registered Agent, if changing			

		FEBRUARY 27, 2017	
	e date of each ame e this document was	ndment(s) adoption:s signed.	, if other than the
Eff	ective date <u>if appli</u>	cable:	
		(no more than 90 days after amendment file date)	
		ted in this block does not meet the applicable statutory filing requirements, this date will ate on the Department of State's records.	not be listed as the
Add	option of Amendm	ent(s) (<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	abers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.	
	Dated	02/27/2017	
	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)	
		JERRY FATTAH	
		(Typed or printed name of person signing)	
ì		PRESIDENT	
		(Title of person signing)	