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FILLU SECRETARY OF STATE ASION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Friends	of old Seven, Jur.				
DOCUMENT NUMBER: N 11 00000 6805					
The enclosed Articles of Amendment and fee are submit	ted for filing.				
Please return all correspondence concerning this matter t	o the following:				
BERNAN SPINAM Plas 1 Lend (Name of Contact Person)					
·	•				
Friends of OH	Serey, DNC.				
	(Firm/ Company)				
5409 DVe7500	Highway #271				
MARATHUS, FZ 3305D (City/ State and Zip Code)					
, (C	ity/ State and Zip Code)				
INTO Q, Old 7, or	a				
E-mail address: (to be used fo	q future annual report notification)				
For further information concerning this matter, please cal	11:				
BERNAND SPINFAD	at (305) 963-8303 (Area Code & Daytime Telephone Number)				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	\$43.75 Filing Fee & S2.50 Filing Fee Certified Copy (Additional copy is enclosed) \$\sum_{\text{supplies}} \square \text{S2.50 Filing Fee} \text{Certificate of Status} \text{Certified Copy} \text{(Additional Copy is Enclosed)}				
Mailing Address	Street Address				
Amendment Section Division of Corporations	Amendment Section				
P.O. Box 6327	Division of Corporations Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to

SCRETARY OF STATE THE TRIVISION OF CORPORATIONS

Articles of Incorporation 14 OCT 20 PM 3: 23 Seven ith the Florida Dept. of State) 00000 6805 (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 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	<u>Iones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change AddX Remove	Typensured	Jeffrey Schocket	308 Buttonwood Dr. Jelana Mars, F. 33030
2) Change	1	Grag LindeBello	P.O. BOX 5/0236 Key Colony BEACh
Remove 3) Change Add	<u></u>		Fi 33as/
Remove 4) Change Add	<u> </u>		
Remove 5) Change Add			
Remove			
Add Remove			

. If amending or adding additional Arti (attach additional sheets, if necessary),	(Be specific)

rue unic or excu amendimentis) adol	Paon:	, if other than the
date this document was signed.	•	FILLU SCORFTARY OF STATE
Effective date if applicable:		SECRETARY OF STATE DIVISION OF CORPORATIONS
<u> </u>	(no more than 90 days after amendment file date)	14 OCT 20 PM 3: 23
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	pted by the members and the number of votes cast for the a	amendment(s)
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s	s) was/were
Dated Oct.	15,2014	
Signature	of Though	
• •	an or vice chairman of the board, president or other officer	
	selected, by an incorporator – if in the hands of a receiver pointed fiduciary by that fiduciary)	, trustee, or
BEZNAF	s SPINRAG	
	yped or printed name of person signing)	-
Plosio	tent	-
	(Title of person signing)	