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# **COVER LETTER**

TO: Amendment Section

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**Division of Corporations** 

NAME OF CORPORATIO		FOUNDATION COR	PORATION	
N DOCUMENT NUMBER:	11000009431			
The enclosed Articles of Ame	ndment and fee are sub	mitted for filing.		
Please return all corresponden	ce concerning this mat	ter to the following:		
SANDRA TROMEUR				
		(Name of Contact Pe	rson)	** <del>*****</del> *****************************
TOLLEY & HILL, PLLC				
		(Firm/ Company	)	
102411 OVERSEAS HIGHW	VAY			
······	······································	(Address)		
KEY LARGO, FL 33037				
		(City/ State and Zip C	lode)	
SANDRA@TOLLEYHILLC	PA.COM			
E-r	mail address: (to be use	d for future annual rep	ort notification	1)
For further information conce	rning this matter, pleas	c call:		
SANDRA TROMEUR		21	305	852-9898
(1	Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fol	llowing amount made p	ayable to the Florida I	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	) Filing Fee cate of Status ed Copy ional Copy is sed)
<u>Mailing Ad</u> Amendment Division of P.O. Box 63 Tallahassee,	t Section Corporations 327	Am Div The 241	eet Address endment Secti- ision of Corpo c Centre of Ta 5 N. Monroe lahassee, FL 32	rations allahassee : Street, Suite 810

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## Articles of Amendment to Articles of Incorporation of

# AURORA TRUST FOUNDATION CORPORATION

### (Name of Corporation as currently filed with the Florida Dept. of State)

N/A

(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 "co "Company" or "Co." may not be used in the name.		in the domentation Corp. in the	
B. Enter new principal office address, if applicable:	N/A		
(Principal office address <u>MUST BE A STREET ADD</u>			-
		202 TAL	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	() N/A	2020 MAY I	1
		<del>کې</del> کې د	ţ
D. <u>If amending the registered agent and/or registered</u> new registered agent and/or the new registered of		enter the name of the	
Name of New Registered Agent:			_
	(Fl	prida street address)	-
<u>New Registered Office Address</u> :			
_		, Florida	_
	(City)	(Zip Code)	

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mil</u>	n Doc <u>ce Jones</u> ly Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	Address
I) Change Add	<u>D</u>	CARPENTER, SCOTT	102411 OVERSEAS HWY KEY LARGO, FL 33037
<u>×</u> Remove 2) Change Add	<u>D</u>	CONCANNON, DAVID	102411 OVERSEAS HWY KEY LARGO, FL 33037
x Remove 3) Change Add Remove			
4) Change Add		<u></u>	
5) Remove			
Remove 6) Change Add Remove			
		Articles, enter change(s) bere: y). (Be specific)	

N/A

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			·····
			<u></u>
		<u> </u>	
	N/A		
The date of each amendment(s) add date this document was signed.	ption:		, if other than the
Effective date if applicable: N/A			
	(no more than 90 days after an	endment file date)	
<u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	c does not meet the applicable statu intment of State's records.	tory filing requirements, this da	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
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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.

#### 04/20/2020 Dated

Signature

A an

(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)

IAN KOBLICK

(Typed or printed name of person signing)

COP Director

(Title of person signing)