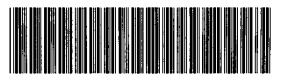
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COVER LETTER ;

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Frank Ce	lico Memorial Foundation	n, Inc
DOCUMENT NUMBER: MILODO	011691	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
Carlo Celico		
	(Name of Contact Person)	
	(Firm/ Company)	<u> </u>
17 Fern Ct.		
	(Address)	ALL SE
Palm Coast, FL 32137		LEARY SECURITY NY SE
	(City/ State and Zip Code)	26 SSE
Celicoautobody@	Hotmail.com	AM 3: 1:
E-mail address: (to be used	d for future annual report notification)	3: 1. PATE PRES
For further information concerning this matter, please	e call:	₹, , ⊘
Ric Giumenta	at (386-) 246-3131 (Area Code & Daytime Telephon	
(Name of Contact Person)	(Area Code & Daytime Telephon	e Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:	
	□\$43.75 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

. Articles of Amendment

•	Articles of Incorporat	tion	
Frank Celico Memorial Foundat	•		26
(Name of Corporation as currently filed with	<u> </u>	State)	me i
KILIDOO	011691		5 4 °
	ber of Corporation (if ki	nown)	12 12
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this <i>Florida</i>	Not For Profit Corporation	on adopts the following
A. If amending name, enter the new name of the co	orporation:		
N/A			The new
name must be distinguishable and contain the word "	corporation" or "incor	porated" or the abbreviat	
"Company" or "Co." may not be used in the name.	N/A		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>e:</u>		
(Trincipal office address MOST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>N/A</u>		
			
D. If amending the registered agent and/or register new registered agent and/or the new registered		lorida, enter the name of	f the
Name of New Registered Agent: N/A			
New Registered Office Address:	(Florida street ada	tress)	
N/A			
19/7	(City)	, Florida	(Zip Code)
	(C ny)		(ZIP Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.		accept the obligations of	the position.
Signature	of New Registered Age	nt, if changing	

Page 1 of 4

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 <math>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 De V Mike Je SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>s</u>	John Dopp	17 Fern Ct.
Add			Palm Coast, FL 32137
X Remove			
2) Change	<u>s</u>	Ken Dopp	106 Freeport Lane
X Add			Palm Coast, FI 32164
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here (attach additional sheets, if necessary). (Be specific)				
N/A				
				
	······································			
				
				<u> </u>
	·····			
	·············		······································	

	e date of each amendment		, if other than the
	date this document was signed. Effective date if applicable: January 12, 2015		<u>.</u>
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated Jar	nuary 12, 2015	
	Signature	000	
	(By the	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Carlo (Celico	
		(Typed or printed name of person signing)	
	Preside	ent	
		(Title of person signing)	