N12000003760

| (Requestor's Name) |
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| |
| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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AUG 3 0 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

| 121 Girli of Corporations | | |
|--|---|---|
| NAME OF CORPORATION: | -Spanish Fly Me | emorial Foundation, Inc. |
| DOCUMENT NUMBER: N1200003 | | |
| The enclosed Articles of Amendment and fee are sub | | |
| Please return all correspondence concerning this matt | er to the following: | |
| Kristin Wejebe | | |
| | (Name of Contact Perso | n) |
| | | |
| | (Firm/ Company) | |
| PO Box 420681 | | |
| | (Address) | |
| Summerland Key, FL 3 | 3042 | |
| | (City/ State and Zip Cod | c) |
| krissy@spanishfl | ytv.com | |
| E-mail address: (to be use | d for future annual report | notification) |
| For further information concerning this matter, please | call: | |
| Kristin Wejebe | _{at} 561 | 350-8558 ode & Daytime Telephone Number) |
| (Name of Contact Person) | (Area C | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount made p | ayable to the Florida Dep | artment of State: |
| \$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status | \$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 | Amen Divisi Cliftor 2661 I | Address dment Section on of Corporations n Building Executive Center Circle assee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

Jose Weiebe-Spanish Fly Memorial Foundation, Inc.

| (Name of Corporation as currently filed with the Flo | | | |
|---|---|--|--|
| N12000003760 | | | |
| (Document Number of Corpor | ation (if known) | | |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this <i>Florida Not For Profit Corporation</i> adopts the following | | |
| A. If amending name, enter the new name of the corporat N/A | ion: | | |
| * *** * | The new tion" or "incorporated" or the abbreviation "Corp." or "Inc. | | |
| "Company" or "Co." may not be used in the name. | non of meorporated of the doorertailon Corp. of the. | | |
| B. Enter new principal office address, if applicable: | 1009 Niles Road | | |
| (Principal office address MUST BE A STREET ADDRESS | Summerland Key, FL 33042 | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | PO Box 420681 | | |
| (Muning annotas <u>MATA BEAT VOL. OTT VOL. DATE</u> | Summerland Key, FL 33042 | | |
| Y) If we will a second of the | as adduses in Florida, output he no ma of the | | |
| D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a | | | |
| Name of New Registered Agent: N/A | | | |
| New Registered Office Address: | (Florida street address) | | |
| | , Florida | | |
| (City) | | | |
| New Registered Agent's Signature, if changing Registered l hereby accept the appointment as registered agent. I am fa | | | |
| Signature of New Pagis | stered Agent 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 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 | | Doe Jones Smith | |
|----------------------------------|----------|-----------------------|--|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| (i) Change Add Remove | VD_ | William B. Spottswood | 500 Fleming Street Key West, FL 33040 |
| 2) Change Add | TD | Fred Troxel | 93 Sugarloaf Dr Sugarloaf Key, FL 33042 |
| Remove 3) Change X Add | D | David Pfeiffer | 1 Holland Dr Irvine, CA 92618-2506 |
| Remove 4) Change Add | <u>D</u> | Michael McKinnis | 1200 S Scott Rd Little Rock, AR 72202 |
| Remove 5) Change X Add | D | Kenneth Davis | PO Box 1518 Islandmorada, FL 33036 |
| Remove 6) Change Add Remove | | | |

Page 2 of 4

| E. If amending or adding additional Ai (attach additional sheets, if necessary). | rticles, enter c . (Be specific | hange(s) here | 5 : | | |
|---|------------------------------------|--|---------------------------------------|---|--|
| N/A | | | | | |
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| The date of each amendment(s) adoption: August 1, 2012 | | | | |
|--|--|--|--|--|
| eff | ective date if applicable: | | | |
| | (no more than 90 days after amendment file date) | | | |
| Ada | option 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. | | | |
| | Dated 8-21-12 Signature Weith Weith | | | |
| | (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) | | | |
| | Kristin R. Wejebe | | | |
| | (Typed or printed name of person signing) | | | |
| | President | | | |
| | (Title of person signing) | | | |