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COVER LETTER

TO: Amendment Section Division of Corporations

Gries Family Foundation, Inc NAME OF CORPORATION:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the f	following:
Robert Gries, Jr.	
(Name o	f Contact Person)
Gries Investment Funds	
(Firi	n/ Company)
4830 W. Kennedy Blvd, Suite 880	
((Address)
Tampa, FL 33609	
(City/ Sta	ate and Zip Code)
gries@griesinvfund.com	
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this matter, please call:	
Robert Gries, Jr.	813 902-9038 at
(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:
	ed Copy Certificate of Status ional copy is Certified Copy
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently filed with the Flo	rida Dept. of State)	
	····	
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617,1006, Florida mendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
N/A		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name.	rporation" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDI	RESS)	
	· · ·	
		7020 €
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	., N/A	
(Maning dauress MAT BE A FOST OFFICE BOX	·	
D. If amending the registered agent and/or registere	d office address in Florida	enter the name of the
new registered agent and/or the new registered o		center me name of me
Name of New Registered Agent: N/i	١	
Stane of New Acquirect agent.		
	uF	lorida street addressi
New Registered Office Address:		
N//	\	. Florida
	(City)	Florida (Zip Code)
Sew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		the obligations of the position.
	Signature of New Regist	ered 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 De V Mike Jo SV Sally Sr	mes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	William J Schifino, Jr.	201 N. Franklin St, #2600 Tampa, FL 33602
x Remove			
2) Change Add	D	Mitchell Weisman	17331 Red Fox Trail Bainbridge, OH 44023
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		eles, enter change(s) here: (Be specific)	
N/A			

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	· <u>-</u> -				
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				. <u>. </u>	
				· · · · · · · · · · · · · · · · · · ·	
					
The date of each amendment(s) adoptions date this document was signed.	: <u>N/A</u>		<u></u> .	<u>-</u>	_, if other than the
Effective date <u>if applicable</u> :					
()	10 more than 90 day	s after amendm	ent file date)		
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicate of State's records.	able statutory fi	ling requirements,	this date will not	be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and	the number of v	otes east for the an	nendment(s)	

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 9 2020
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) Rebert Gries, J.
(Typed or printed name of person signing)
President
(Title of person signing)