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Division of Corporations
NAME OF CORPORATION: RACHEL'S MORNINGSTAR FOUNDATION INC
DOCUMENT NUMBER: N12000008339
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael J. Faehner, Esq.
(Name of Contact Person)
M Faehner Esq. LLC
(Firm/ Company)
600 Bypass Drive, Suite 100
(Address)
Clearwater, FL 33764
(City/ State and Zip Code)
mfaehner@mfaehner.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

Michael Faehner

TO: Amendment Section

(Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status

Certified Copy (Additional copy is enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

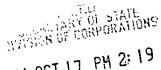
Mailing Address

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 Incorporation



RACHEL'S MORNINGSTAR FOUNDATION INC 14 OCT 17 PM 2: 19
(Name of Corporation as currently 61-3 N12000008339 (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: RACHEL MORNINGSTAR FOUNDATION INC 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. 1719 Cypress Trace Drive B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Safety Harbor, FL 34695 C. Enter new mailing address, if applicable: 1719 Cypress Trace Drive (Mailing address MAY BE A POST OFFICE BOX) Safety Harbor, FL 34695 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: n/a Name of New Registered Agent: (Florida street address) New Registered Office Address: n/a (City) (Zip Code) 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.

Page 1 of 4

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	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		NO CHANGES	
Add			
Remove			
2) Change			
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4) Change			
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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)					
NOT APPLICABLE					
· · · · · · · · · · · · · · · · · · ·					
					
	V				

The	date of each amendment	(s) adoption: October 8, 2014	ARY OF CHANGE Of the Control of the
	this document was signed		
Effe	ective date <u>if applicable</u> :	October 15, 2014	11 OCT 17 PM 2: 19
		October 15, 2014 (no more than 90 days after amendment	nt file date)
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of vote oproval.	es cast for the amendment(s)
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The directors.	e amendment(s) was/were
	Dated Oc	tober 14, 2014	
	Signature	nariorie Ruth 11 Des	in
	have r	chairman or vice chairman of the board, president of the board, president of the board, president of the board, president of the board of the board, president of the board of the boa	
	Margie	e Weiss	
		(Typed or printed name of person signing)	
	Presid	lent	
		(Title of person signing)	