MADOOOS642

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Sampson an	d Davis Schola	arship Foundation, Inc		
DOCUMENT NUMBER: N1200008	642			
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matte	to the following:			
Donovan D. Davis				
	(Name of Contact Persor	1)		
Sampson and Davis Sch	olarship Fo	undation, Inc		
	(Firm/ Company)			
5104 North Orange Blos	som Trail, S	Suite 107		
	(Address)	· · · · · · · · · · · · · · · · · · ·		
Orlando, Fl 32810				
	(City/ State and Zip Code	e)		
sampsondavisfou				
E-mail address: (to be used	for future annual report i	notification)		
For further information concerning this matter, please	call:			
Donovan D. Davis	_{at (} 407	309-7980 Dode & Daytime Telephone Number)		
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\Bigcup \\$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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



SAMPSON AND DAVIS SCHOLARSHIP FOUNDATION, INC (Name of Corporation as currently filed with the Florida Dept. of State) (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: N/A 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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

(Florida street address)

(Zip Code)

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: XChange X Remove X Add	PT John De V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Director of Operatio	Marquita Woodard	5104 North Orange Blossom Trail
X_{Add}			Suite 107
Remove			Orlando, FL 32810
2) Change	1	Yvette Anderson	5104 North Orange Blossom Trail
X			Suite 107
Remove		N/ _A	Orlando, FL 32810
3) Change			
Add			
Remove			
4) Change		N/A	
Add			
Remove		/	· · · · · · · · · · · · · · · · · · ·
5) Change		N/A	
Add			
Remove		. /	
6) Change		MA	
Add			-
Remove			

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)	
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The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption 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 10/12/12
Signature 1 - Savis
(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)
Donovan D. Daves
(Typed or printed name of person signing)
Paesident
(Title of person signing)