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TO: Amendment Section Division of Corporations

The Tate I	Foundation, Inc.		
N13000000498	3		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and f	ee are submitted for filing		
Please return all correspondence concerning	g this matter to the followi	ng:	
Alexis B, Rohde			
	(Name of Cont	act Person)	
Brown Advisory			
	(Firm/ Cor	mpany)	
901 S. Bond Street			
	(Addre	ess)	
Baltimore, MD 21231			
	(City/ State and	l Zip Code)	
arohde@brownadvisory.com			
E-mail address:	(to be used for future annu	al report notificati	on)
For further information concerning this mat	ter, please call:		
Alexis B. Rohde		667 at	219-2774
(Name of Cont	act Person)) (Daytime Telephone Number)
Enclosed is a check for the following amou	nt made payable to the Flo	orida Department o	f State:
□ \$35 Filing Fee □\$43.75 Fil Certificate	ing Fee & S43.75 Filing of Status Certified Co (Additional cenclosed)	py Cer copy is Cer (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy is closed)
Mailing Address		Street Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Tate Foundation, Inc.				
(Name of Corporation a	<u>s currentl</u>	v filed with the Florida D	ept. of State)	
#N13000000498				
(Docume	ent Number	of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Floric nmendment(s) to its Articles of Incorporation:	da Statutes.	, this <i>Florida Not For Prof</i>	Tt Corporation adopts t	he following
A. If amending name, enter the new name of the c	corporatio	<u>n:</u>		
The Dusty Foundation, Inc.				The new
name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.	"corporation"	on" or "incorporated" or t	he abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6905 N. Granite Creek Roa	ıd	
		Teton Village, WY 83025		_
	-		<u> </u>	7 9190
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 219) (CT 29
		Teton Village, WY 83025		P2
	-	***		6; 5
D. If amending the registered agent and/or registered new registered agent and/or the new registered			the name of the	Ci
Name of New Registered Agent:	N/A	 .		
-		(Florida s.	reet address)	
<u>New Registered Office Address</u> :	N/A		El 11.	
_		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Re Thereby accept the appointment as registered agent.	egistered A I am fam	Agent: iliar with and accept the ol	bligations of the position	n.
	Sig	nature of New Registered A	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>Mi</u>	nn Doe ke Jones Iv Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P/D	Robert L. Tate	1111 Ritz Carlton, DR # 1602
Add			Sarasota, FL 34236
X Remove			
2) Change	S/D	Joyce T. Baker	1111 Ritz Carlton, DR # 1602
Add			Sarasota, FL 34236
X Remove			
3) X Change	P/D	Patricia T. Baker	P.O. Box 219
Add			Teton Village, WY 83025
Remove			
4) Change	V/D	Daniel Baker	P.O. Box 219
X Add			Teton Village, WY 83025
Remove			
5) Change	S/D	Caroline Baker	c/o P.O. Box 219
X Add			Teton Village, WY 83025
Remove			
6) Change			
Add			
Remove			

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

N/A	
The date of each amendment(s) adoption:	, if other than the
N/A Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(was/were sufficient for approval.	(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 9/37/19	
V Signature Latine T. Takes	
(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)	
Patricia T. Baker	
(Typed or printed name of person signing)	
President and Director	
(Title of person signing)	•