N130000 10322

	(Requestor's Name)	
-	(Address)	
**>	(Äddress)	
	(City/State/Zip/Phone #)	
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	(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: One Florida foundation, Inc.					
DOCUMENT NUMBER: N 13000010322					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Nyla Pipes (Name of Contact Person)					
One Floriau foundation, Inc. (Firm/Company)					
332 NW Aurora St					
(Address) Port St. Lucie Fland 34983 (City/State and Zip Code)					
(City/ State and Zip Code) Nyla C one florida foundation of a E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Nyla Dipes at 272 - 233 - 6182 (Area Code) (Daytime Telephone Number)					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

One Florida F	roundation	IN IN 1:35
(Name of Corporation as currently filed with the	e Florida Dept. of State))
N13000010322		
N13000010322 (Docum	nent Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the	e corporation:	
NIA		The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name	l "corporation" or "incorporate <u>e</u> .	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>) <u>N/A</u>	
D. If amending the registered agent and/or registered agent and/or the new register		a, enter the name of the
Name of New Registered Agent:	N/A	
	·	Florida street address)
<u>New Registered Office Address:</u>	/ .	, Florida (Zip Code)
	' (City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		ot the obligations of the position.
	N/A	stered Agent, if changing
-	Signature of New Regi	stered 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 D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>D</u>	Clayton Humphries	7449 (artton Rd Fort Pierce, FL 3498)
Remove 2) Change Add	<u>D</u>		332 NW Aurora St Port St. Lucie, FL 34983
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove E. If amending or addi	ing additional Ar	Page 2 of 4 ticles, enter change(s) here:	
(attach additional she		(Be specific)	
NA			
<u></u>			

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1 - I
The date of each amendment(s) adoption: 8/17/19, if other than the date this document was signed. Effective date if applicable: 8/17/19 (no more than 90 days after amendment file date)
date this document was signed.
Effective date if applicable: 8/17/19
(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 will not be listed as the
document's effective date on the Department of State's records.
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 12/10/19
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)
(Typed or printedname of person signing)
(Title of person signing)