# N13000010912

| (Re                     | equestor's Name)   |                 |
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| PICK-UP                 | MAIT               | MAIL            |
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| Certified Copies        | _ Certificates     | s of Status     |
| Special Instructions to | Filing Officer:    |                 |
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SECRETARY OF STATE OF STATE OF CARPORATION OF CARPORATION OF CARPORATION OF THE CARPORATI

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Amend (012.23.13

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| <del></del>        |                  |               |                                |
|--------------------|------------------|---------------|--------------------------------|
| Barnett Family Fou | ndation, Inc.    |               |                                |
|                    |                  |               |                                |
|                    |                  |               |                                |
|                    |                  |               |                                |
|                    |                  | · · · · ·     |                                |
|                    |                  |               | A Ch. Fel                      |
|                    |                  |               | Art of Inc. File               |
|                    |                  |               | LTD Partnership File           |
|                    |                  |               | Foreign Corp. File             |
|                    |                  |               | L.C. File                      |
|                    |                  |               | Fictitious Name File           |
|                    |                  |               | Trade/Service Mark             |
|                    |                  |               | Merger File                    |
|                    |                  |               | Art. of Amend. File            |
|                    |                  |               | RA Resignation                 |
|                    |                  | <del>-</del>  | Dissolution / Withdrawal       |
|                    |                  | <u></u>       | Annual Report / Reinstatement  |
|                    |                  |               | Cert. Copy                     |
|                    |                  | _             | Photo Copy                     |
|                    |                  | _             | Certificate of Good Standing   |
|                    |                  | ļ <del></del> | Certificate of Status          |
|                    |                  | ļ <del></del> | Certificate of Fictitious Name |
|                    |                  |               | Corp Record Search             |
|                    |                  | } -           | Officer Search                 |
|                    |                  | \ _           | Fictitious Search              |
| Signature          |                  |               | Fictitious Owner Search        |
|                    |                  | _             | Vehicle Search                 |
|                    |                  |               | Driving Record                 |
| Requested by: Seth | 12/20/13         | _             | UCC 1 or 3 File                |
| Name               | <del></del>      | Time          | UCC 11 Search                  |
|                    |                  | i –           | UCC 11 Retrieval               |
| Walk-In            | . Will Pick Up _ |               | Courier                        |

### **COVER LETTER**

TO: Amendment Section Division of Corporations Barnett Family Foundation, Inc. N13000010912 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Sneeringer (Name of Contact Person) Nelson & Nelson, P.A. (Firm/ Company) 2775 Sunny Isles Blvd. Ste. 118 (Address) North Miami Beach, Fl 33160 (City/ State and Zip Code) david@barnettandlerner.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Sneeringer (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 & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is Enclosed)

SIVISION OF TARY OF STATE CORPORATIONS

### Articles of Amendment to Articles of Incorporation of

| Barnett Family Foundatio   | n, Inc.                      |                                       |                                   |       |
|--|------------------------------|---------------------------------------|-----------------------------------|-------|
| (Name of Corporation as currently  | filed with the Flor          | ida Dept. of State)                   |                                   |       |
| N13000010912   |                              |                                       |                                   |       |
| (Docur   | ment Number of Co            | rporation (if known)                  | <del></del>                       |       |
| Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation | 006, Florida Statutes<br>on: | s, this <i>Florida Not For Pro</i>    | ofit Corporation adopts the folio | owing |
| A. If amending name, enter the new nam   | te of the corporation        | on:                                   |                                   |       |
|  |                              |                                       |                                   | e new |
| name must be distinguishable and contain t<br>"Company" or "Co." may not be used in t      |                              | ion" or "incorporated" or             | the abbreviation "Corp." or "I    | lnc," |
| B. Enter new principal office address, if  | applicable:                  |                                       |                                   |       |
| (Principal office address MUST BE A STI  |                              |                                       |                                   |       |
|  |                              |                                       |                                   |       |
|  |                              |                                       |                                   |       |
| C. Enter new mailing address, if applica<br>(Mailing address MAY BE A POST Of              |                              |                                       |                                   |       |
| (12.01.11.11) (12.01.11.11.11.11.11.11.11.11.11.11.11.11.                                  | (TYCLIDON)                   | · · · · · · · · · · · · · · · · · · · |                                   |       |
|  |                              |                                       |                                   |       |
|  |                              |                                       |                                   |       |
| D. If amending the registered agent and new registered agent and/or the new                | or registered offic          | e address in Florida, ente            | r the name of the                 |       |
|  | registered office ac         | udress:                               |                                   |       |
| Name of New Registered Agent:  |                              |                                       | <del></del>                       |       |
| -  |                              | (Florida street address)              |                                   |       |
| New Registered Office Address:   | '                            | a torrad arrest addressly             |                                   |       |
| _  | <del></del>                  |                                       | _, Florida                        |       |
|  | (City)                       |                                       | (Zip Code)                        |       |
| New Registered Agent's Signature, if cha   | anging Registered            | Agent:                                |                                   |       |
| I hereby accept the appointment as register  | red agent. I am far          | niliar with and accept the            | obligations of the position.      |       |
|  | Signature of New             | Registered Agent, if chang            | ina                               |       |
|  | DIQUULUI E UJ IVEW           | negotered Agent, ij chang             | Ing                               |       |

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: X.Change X.Remove X. Add | PT         John D           V         Mike John S           SV         Sally S | <u>onës</u>      |  |
|-----------------------------------|--|------------------|--|
| Type of Action<br>(Check One)     | <u>Title</u>   | Name             | Address  |
| 1) X Change                       | P/T/D  | David C. Barnett | 643 Layne Blvd.  |
| Add                               |  |                  | Hallandale Beach, FL 33009                                   |
| Remove                            |  |                  |  |
| 2) X Change                       | VP/\$/D  | Stacy D. Barnett | 643 Layne Blvd.  |
| Add                               |  |                  | Hallandale Beach, FL 33009                                   |
| Remove                            | D  | Porny Lornor     | 2000 Marian Mila Dhah Cuita 105                              |
| 3) ChangeXAdd                     | <del></del>  | Barry Lerner     | 2860 Marina Mile Blvd; Suite 105<br>Ft. Lauderdale, FL 33312 |
| Remove                            |  |                  |  |
|                                   |  |                  |  |
| 4) Change                         |  | <del></del>      |  |
| Add<br>Remove                     |  |                  |  |
|                                   |  |                  |  |
| 5) Change                         | <del>- L</del>   | (d+),            |  |
| Add                               |  |                  | -  |
|                                   |  |                  |  |
| 6) Change                         |  |                  |  |
| Add                               |  |                  |  |
| Remove                            |  |                  | -  |

| L. If amending or adding additional Articles, enter change(s) here: |               |              |  |
|---|---------------|--------------|--|
| (attach additional sheets, if necessary).                           | (Be specific) |              |  |
| See Exhibit 'A'   |               |              |  |
|   |               |              |  |
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### Exhibit 'A'

BARNETT FAMILY FOUNDATION, INC.

## ARTICLE IX. CHARITABLE ORGANIZATIONS PROVISION

Notwithstanding any powers granted to the Corporation by its Articles, By-Laws or by the laws of the State of Florida, the following limitations of power shall apply:

- a. The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such purposes the making of distributions to organizations that qualify as exempt organizations under I.R.C. Section 501(c)(3).
- b. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for the services rendered and to make payments and distributions in furtherance of purposes set forth in the purpose clause hereof. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (i) by an organization exempt from federal income tax under I.R.C. Section 501(c)(3); or (ii) by an organization, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986, as amended.
- c. Upon dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of I.R.C. Section 501(c)(3), or shall be distributed to the federal government, or a state or local government, for public purpose. Any such assets not so disposed of shall be disposed of by the court having jurisdiction over the Corporation, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

|     | e date of each amendment(s) adoption:e this document was signed.   | , if other than th |
|-----|--|--------------------|
| Eff | ective date <u>if applicable</u> :   |                    |
|     | (no more than 90 days after amendment file date)   | _                  |
| Ade | option 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 12-20-13   |                    |
|     | Signature (By the chairman or view clearman of the board and the officer if discount   |                    |
|     | (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) |                    |
|     | David C Barnelt  |                    |
|     | P/T/D (Typed or printed name of person signing)  |                    |
|     | (Title of person signing)  |                    |