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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:		GAH FOUNDATIO	N, INC.	
NAME OF CORPORATION.		N14000000831		
DOCUMENT NUMBER:	CUMENT NUMBER:			
The enclosed Articles of Amendment	and fee are subm	itted for filing.		
Please return all correspondence conc	erning this matter	to the following:		
		LAURNA WILI	JAMS	
	(Name of Contact Po	erson)	
		THE ONE SERVIC	ŒS	
		(Firm/ Company	·)	,
	7	161 PEMBROKE R	D #2	
		(Address)		
	РЕМВ	ROKE PINES, FL	33023	
	(City/ State and Zip	Code)	
	THEONES	SERVICES@YAHC	O.COM	
E-mail add	ress: (to be used	for future annual rep	ort notification	1)
For further information concerning thi	s matter, please c	all:		
LEE	WILLIAMS	of.		274 - 7864
(Name of	Contact Person)	at		(Daytime Telephone Number)
Enclosed is a check for the following	amount made pay	rable to the Florida I	Department of l	State:
☐ \$35 Filing Fee	75 Filing Fee & [ficate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certif Certif	icate of Status ied Copy tional Copy is
Mailing Address Amendment Section			eet Address nendment Secti	
Amenament Section Division of Corporations		Division of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

PISGAH FOUNDATION, INC.

	ently filed with the Florida Dept. of	<u>State</u>)
	N14000000831	
(Document Nun	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not For Profit Corp</i>	poration adopts the following
A. If amending name, enter the new name of the corpora	ation:	
SOUTH FLORIDA	DREAM FOUNDATION, INC.	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abb	reviation "Corp," or "Inc."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	Σ)	
		2011 5-10 77
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NOV 2
		5
). If amending the registered agent and/or registered of new registered agent and/or the new registered office		. (2)
Name of New Registered Agent:		
	(Florida street ada	tress)
New Registered Office Address:		
		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am f		ns of the position.
	Signature of New Revistered Avent	Tahanaina

tending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ess of each Officer and/or Director being added:

:h additional sheets, if necessary)

e note the officer/director title by the first letter of the office title:

President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief utive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office President, Treasurer, Director would be PTD.

nges 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 ange, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, v. Jones, V as Remove, and Sally Smith, SV as an Add.

mple: Change Remove Add	PT John D V Mike J SV Sally S	ones	
ne of Action neck (Ine)	Title	<u>Name</u>	Address
Change Add Remove			
Change Add			
Remove) Change Add Remove			
Change Add Remove			
Change Add Remove	—/		
) Change Add Remove	7		

mending or adding additional A ach additional sheets, if necessary). (Be specific)				
NAME (HANGE				
					
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	<u> </u>				

e date of each amendment(s) adop e this document was signed.	tion: 09/0//20/9 .if ot	her than the
ective date <u>if applicable</u> :	(no move than 90 days after amendment file date)	
te: If the date inserted in this block of ument's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not be listed tment of State's records.	d as the
option of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 090	1/0019	
Signature		
have not been s	or vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
<i>H</i> _	ANS-AZEINALO (Typed or printed name of person signing)	
	(15)ped of printed name of person signing)	
	President	
	(Title of person signing)	