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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	MARTIN LUTHER KING PAR	ADE FOUNDATIO	on, INC
N140000	002742		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment	and fee are submitted for filing.		
Please return all correspondence conc	erning this matter to the following	ıg:	
ROBERT SCOTT			
	(Name of Conta	act Person)	
DR MARTIN LUTHER KING PAR	ADE FOUNDATION, INC		
	(Firm/ Con	ıpany)	
PO BOX 1276			
	(Addre	ss)	
TAMPA, FL 33601			
	(City/ State and	Zip Code)	
mlkparadefoundation@gmail.com			
E-mail add	lress: (to be used for future annua	al report notification)
For further information concerning th	is matter, please call:		
ROBERT SCOTT		813 at	690-6840
(Name of	f Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	amount made payable to the Flor	rida Department of S	State:
	75 Filing Fee & \$\sum \$\\$43.75 Filing ficate of Status Certified Cop (Additional coenclosed)	y Certifi opy is Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

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

FILE OF

Articles of Amendment to Articles of Incorporation of

15 JUL -6 M 9:51 SECRETARIO AL DIAGE TALLAHASSEE, FLORIDA

DR MARTIN LUTHER KING PARADE FOUNDATION, INC.

(Name of Corporation as	currently filed with the Flo	rida Dept. of State)
N14000002742		
(Document	Number of Corporation (if I	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporation:	
name must be distinguishable and contain the word "co	orporation" or "incorporate	The new d" 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 ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registere	ed office address in Florida	, enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		
	(F	lorida street address)
New Registered Office Address:	,-	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept	t the obligations of the position.
	•	
	Signature of New Regis	tered 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 A_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally St	<u>ones</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	S/T	_	KIMBERLY JOHNSON	1718 E CHELSEA
Add				TAMPA, FL 33610
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_	- 11000 - 11000	
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

c. If amending or adding add (attach additional sheets, if n	tional Articles, enter change(s) here: ecessary). (Be specific)	
ARTICLE III PURPOSE - PLE	ASE ADD	
THE DR MARTIN LUTHER K	ING PARADE FOUNDATION, INC. IS	ORGANIZED EXCLUSIVELY FOR
CHARITABLE, RELIGIOUS,	EDUCATIONAL, AND SCIENTIFIC PI	URPOSES, INCLUDING, FOR SUCH
PURPOSES, THE MAKING O	F DISTRIBUTIONS TO ORGANIZATI	ONS THAT QUALIFY AS EXEMPT
ORGANIZATIONS DESCRIB	ED UNDER SECTION 501(c)(3) OF TH	IE INTERNAL REVENUE CODE,
OR CORRESPONDING SECT	ION OF ANY FUTURE FEDERAL TA	X CODE
		

The date of each amendn	nent(s) adoption:	, if other than the
ate this document was sig	ned.	_
Effective date <u>if applicab</u>	le:	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will not on the Department of State's records.	be listed as the
Adoption of Amendment	(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no members adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
6/ Dated	26/2015	
Signature /	Ratt Satt De	
(ජ y <i>h</i> a	whe chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator — if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
	ROBERT SCOTT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	