N140000004413

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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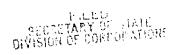
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	FAITHFU	L GIVE	N FC	DUNDATION INC
DOCUMENT NUMBER:	N1400	000441	3	
The enclosed Articles of Amendn	uent and fee are subn	nitted for filing.		
Please return all correspondence c	oncerning this matte	r to the following	:	
	Marcia M	_		
		(Name of Contac	t Person)	
-		(Firm/ Comp	any)	
532 SW Cher	ry Hill Rd			
•		(Address)	
Port Saint Luci	ie, FI 349	53		
		(City/ State and Z	(ip Code)	
	nenterpris			
For further information concerning	g this matter, please	call:		
Marcia M	lason	at (954	292-5616
(Name of Contact	Person)	(.	Area Coc	le & Daytime Telephone Number)
Enclosed is a check for the follow	ing amount made pa	yable to the Florid	da Depart	tment of State:
	43.75 Filing Fee & l ertificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)	oy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	etion porations		Division Clifton E 2661 Exc	nent Section of Corporations

Articles of Amendment to Articles of Incorporation of



15 MAR 10 PM 1: 36

FAITHFUL GIVEN FOUNDATION INC.

(Name of Corporation as currently filed with the Florida Dept. of State)	-
N14000004413	
(Document Number of Corporation (if known)	•
ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the mendment(s) to its Articles of Incorporation:	following
If amending name, enter the new name of the corporation:	The new
ame must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." of Company" or "Co." may not be used in the name.	
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	- - -
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	_
N A	-
. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent: (Florida street address)	
New Registered Office Address:	
, Florida, [City]	
(2 1) (300))
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	

NIA

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 Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change		
Add		
Remove		
2) Change		- A /
Add		
Remove	Y \ /	
3) Change		
Add	1	
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Article VIII Dissolution

7 duoie VIII Diocolation
Upon the dissolution of this organization, assets shall be
distributed for one or more exempt purposes within the
meaning of section 501(c) (3) of the Inerenal Revenue Code or
corresponding section of any future federal tax code, or shall
be distributed to the federal government, or to a state or local
government, or for a public purpose.

The	date of each amendmen	(s) adoption: March, 9 2015	BIVISION OF CORFOR ACTION
date	this document was signed		DIVISION OF CORPORATION
Effe	ective date <u>if applicable</u> :	March, 9 2015	15 MAR 10 PM 1:36
	<u> </u>	(no more than 90 days after amendme	nt file date) 15 MAR 10 111
Ada	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of vol	tes east for the amendment(s)
	There are no members or adopted by the board of	members entitled to vote on the amendment(s). The directors.	he amendment(s) was/were
	Dated Ma	rch 5, 2015	
	Signature	Marcia Mazon	
	(By the	chairman or vice chairman of the board, president not been selected, by an incorporator – if in the han court appointed fiduciary by that fiduciary)	
٠		Marcia Mason	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	