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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

(PRM 1-29-15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VIZCAYA MUSEUM AND	GARDENS Trust, Inc.
DOCUMENT NUMBER: N 14-00008 119	
The enclosed Articles of Amendment and fee are submitted for filing.	JAL SE
Please return all correspondence concerning this matter to the following	C ARD
JOEL HOFFMAN	SA SA
(Name of Contact	t Person)
VIZCAYA MUSEUM AND GARDO	Person) FOR SPATE
(Firm/ Comp	any)
3251 South Miami AVENUE	<u>. </u>
Miami, FLORIDA 33129 (City/ State and Z	ip Code)
TOEL. HOFFMAN @ E-mail address: (to be used for future annual	VIZCOYA. ORG
For further information concerning this matter, please call:	
(Name of Contact Person) at (3	Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Floric	da Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee Certificate of Status Certified Copy (Additional copenclosed)	Certificate of Status
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

Articles of Amendment to Articles of Incorporation

Vi 2Cay, N	Auseum	n add	Gardons	- 1(115+, 7	INC.
(Name of Corporation as currently file	d with the Flor				
N1400	000081	19			
(Document	Number of Cor	poration (if kno	own)		
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes	, this <i>Florida N</i>	ot For Profit Corpora	tion adopts the	following
A. If amending name, enter the new name of	f the corporatio	on:			
					_The new
name must be distinguishable and contain the w "Company" or "Co." may not be used in the n		on" or "incorp	orated" or the abbrevio	ation "Corp." o	r "Inc."
B. Enter new principal office address, if app	licable:				
(Principal office address <u>MUST BE A STREE</u>	TADDRESS)				
•	•				-
	•			 	•
C. Enter new mailing address, if applicable:	<u>:</u>				
(Mailing address MAY BE A POST OFFIC	CE BOX)				
					_
D. If amending the registered agent and/or r	registered office	address in Fl	orida, enter the name	of the	
new registered agent and/or the new regi					<u>C</u>
Name of New Registered Agent:	. <u>.</u>			30 m	= 7
				ير ب-≺ اين	77
	(.	Florida street addr	ess)		宝 门
<u>New Registered Office Address:</u>				101). ALS	<u>ن</u>
			, Florida		0
	(City)			(Zip Code)) -
New Registered Agent's Signature, if changing					
I hereby accept the appointment as registered a	agent. I am fam	iiliar with and a	accept the obligations of	f the position.	
•					
Sig	gnature of New F	Registered Agen	it, if changing		

Page 1 of 4

Executive Officer; CFO held. President, Treasur		inancial Officer. If an officer/director holds more the or would be PTD.	in one title, list the first letter of each office
	aves the c	ollowing manner. Currently John Doe is listed as the I orporation, Sally Smith is named the V and S. These so Ily Smith, SV as an Add.	
Example: X.Change X.Remove X.Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	RAYFIELD McGHEE	VIZCAYA MUSEUM AND GARDENS 3251 SOUTHMIAMI AVENUE
Add Remove			Miami, FLORIDA 33129
2) Change Add		SHAWN Khosravi	VIZCAYA MUSEUM AND GAVGOI 3251 SOUTH MIAMI AVENUE
Add Remove 3) Change	T	CARLTON COLE	MIAMI, FLORIDA VIZCAYA MUSEUM AND GORD S251 SOUTH MIAMI AVENUE
Add			33129
4) Change	_5_	LAURA MUNILLA	Vizcaya Museum And Garden 3251 Scoth Miami Avenue
Add Remove			MIAMI, FLORIDA 33129
5) Change			
Add			
6) Change			
Add Remove			

Page 2 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief

address of each Officer and/or Director being added:

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

(Attach additional sheets, if necessary)

If amending or adding additional attach additional sheets, if necessar	y). (Be specific)		
	<u> </u>	 	
	,		
,		 	
		 <u></u>	

The date of each amendment(s) adoption: date this document was signed.	SEPTEMBER 25, 2014	, if other than the
Effective date if applicable:	SEPTEMBER 25, 2014 o more than 90 days after amendment file date)	
<i>'</i>	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	
There are no members or members entit adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) was/were	
Dated January	15, 2015 M. Dec	
		<u> </u>
	rice chairman of the board, president or other officer-if directors	
	ed, by an incorporator – if in the hands of a receiver, trustee, or d fiduciary by that fiduciary)	
RayField	M Chel or printed name of person signing)	
(Typed o	or printed name of person signing)	
Chajan	MAN	
·	(Title of person signing)	