N15000004797

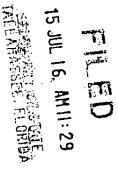
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COVER LETTER

TO: Amendment Section Division of Corporations emise Foundation, Incorporated DOCUMENT NUMBER: N 15000004797 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: nthia 9660 agrail.com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cynthia Britton
(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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is 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

	Articles of Amendment to Articles of Incorporation	15 JUL
CA = 0	of	6
- $CBTL$		n Incorpated =
·	tion as currently filed with the Florid	da' Dept. of State)
	004797	
(De	ocument Number of Corporation (if known	own)
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of	f t <u>he c</u> orporat <u>ion:</u>	
		The good
name must be distinguishable and contain the	word "corporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the n	<u>iame</u> .	
B. Enter new principal office address, if app	olicable: N/H	
(Principal office address MUST BE A STREE		
	72	
C. Enter new mailing address, if applicable	: 1/1/1-	
(Mailing address MAY BE A POST OFFI		
	· ·	
D. If amending the registered agent and/or i		enter the name of the
new registered agent and/or the new regi	stered office address:	
Name of New Registered Age	int:	
	- /	
		orida street address)
New Registered Office Addr	<u>.esz</u> :	
٠.		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changi		
I hereby accept the appointment as registered of	agent. I am familiar with and accept i	the obligations of the position.
	Signature of New Registe	A
	Signature of New Registe	ered 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: XChange X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> ke Jones ly <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Remove		1/1/	
2) Change Add		A) / //	
Remove 3) Change	<u></u>		
Add			
4) Change			
Remove			
5) Change			
Remove			
6) Change Add			
Remove			

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

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more tha	n 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's	e applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK C	<u>NE</u>)
The amendment(s) was/were adopted by the memb was/were sufficient for approval.	ers and the number of votes cast for the amendment(s)
There are no members or members entitled to vote adopted by the board of directors.	on the amendment(s). The amendment(s) was/were
Dated 6/15/15 Signature Mthia	D. Butter
(By the chairman or vice chairm	an of the board, president or other officer-if directors acorporator – if in the hands of a receiver, trustee, or by that fiduciary)
Cynthia.	O- BRITON ped or printed name of person signing)
CE	Title of person signing)