N15000007265

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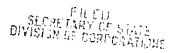
C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	for Turner Syndro	me, Inc.		
N15000007265 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subs	mitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
Darlene E. hay				
	(Name of Contact	Person)		
Soaring Butterflies for Turner Syndrome, Inc.				
	(Firm/ Compa	any)		
12751 S.W. 56 Street				
	(Address)			
Southwest Ranches, FL 33330				
	(City/ State and Zi	p Code)		
docalfhay@gmail.com				
E-mail address: (to be used	for future annual r	report notifi	cation	
For further information concerning this matter, please	call:			
Darlene E. Hay	:	954 at		732-2033
(Name of Contact Person)		(Area Co	ode)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida	a Departme	nt of S	tate:
\$35 Filing Fee \$\Bigcup \$	□\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	y is (Certific Certific	Filing Fee tate of Status and Copy onal Copy is ed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	П С 2	Amendment Division of Clifton Build 2661 Execut	Section Sectio	ations nter Circle

Articles of Amendment to Articles of Incorporation of



Soaring Butterflies for Turner Syndrome, Inc.

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(Name of Corporation	n as curren	tly filed with the F	lorida Dept. of State)
N15000007265			
(Docu	ment Numb	er of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of th	e corporati	ion:	
N/A			The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		tion" or "incorpora	
B. Enter new principal office address, if application	able:	N/A	
(Principal office address <u>MUST BE A STREET A</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A	
D. If amending the registered agent and/or regi			in, enter the name of the
new registered agent and/or the new register	red office a	ddress:	
Name of New Registered Agent:	N/A		
New Registered Office Address:			(Florida street address)
New Registered Office Address.	N/A		
		·····	, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing l			
hereby accept the appointment as registered agen	it. I am fan	niliar with and acce	pt the obligations of the position.
-		417	
	Siį	gnature of New Reg	istered 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 <math>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 XRemove Add	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
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	ΙX	Disso	lution	of Cor	poration

The property of this corporation is dedicated to the vision and mission of the Soaring Butterflies for Turner Syndrome, Inc.
The organization is organized exclusively for charitable, religious, educational, and/or scientific purposes under section
501(c)3 of the Internal Revenue Code. Upon the dissolution of the corporation, assets remaining after payment of, all debts
and liabilities of this corporation, shall be distributed or one or more exempt purposes within the meaning of Section 501(c)3
of the Internal Revenue Code, or corresponding section of any future federal tax code, by the Founder(s) at his/her
discretion to a non-profit fund, foundation, or corporation that is exempt under Section 501(c)3 at the time of dissolution. In
the event such non profit fund, foundation, or corporation does not meet the exempt requirements under Section 501(c)3 or
any future federal tax code, assets shall be distributed to the federal government, or to a state or local government, for a
public purpose. any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in
which the principle office of the organization is then located, exclusively for such purposes or to such organizations, as said
court shall determine, which are organized and operated exclusively for such purposes.

	December 1, 2015		
The date of each amendment	(s) adoption:		, if other than the
date this document was signed	· ·	FRED	
•	December 1, 2015	SECRETARY OF STATE DIVISIAN DE CORFORATE	
Effective date if applicable:	•		
	(no more than 90 days a)	fter amendment file date)	_
	(442-442-4	fter amendment file date) 15 DEC 17 PM 2: 3	2
Note: If the date inserted in th	is block does not meet the applicable	statutory filing requirements, this date will not be	listed as the
	ne Department of State's records.		
Adoption of Amendment(s)	(CHECK ONE)		
respection of transmissions	(0212012012)		
The amendment(s) was/w	ere adonted by the members and the r	number of votes cast for the amendment(s)	
was/were sufficient for an		fullibor of votos oust for the unionality	
was were sufficient for ap	provar.		
□ mt		durant(a) The emendment(a) was /ware	
		dment(s). The amendment(s) was/were	
adopted by the board of o	lirectors.		
	1121.		
1.0	112115		
Dated 10	110110		
	\		
(i) (C) / (A) A		
Signature	I welve lay		
		ard, president or other officer-if directors	
		if in the hands of a receiver, trustee, or	
other o	court appointed fiduciary by that fiduc	plary)	
•			,
Da	rlene E. Hay		
			
	(Typed or printed	d name of person signing)	
Pre	sident		
	(Title	of person signing)	