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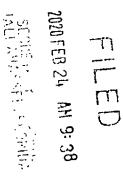
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## COVER LETTER

TO: Amendment Section Division of Corporations

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Southeast Cre	dit Union Foundation, Inc		
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	is matter to the following:		
Jeffrey W. Kolhagen			
	(Name of Contact Pe	erson)	
Southeast Credit Union Foundation, Inc			
	(Firm/ Company	· )	
1000 NW 17th Ave			
-	(Address)		
Delray Beach, Fl. 33445			
	(City/ State and Zip )	Code)	
jkolhagen@ibmsecu.org			
E-mail address: (to E	be used for future annual rep	ort notificatio	n)
For further information concerning this matter.	please call:		
Jeffrey W. Kolhagen	21	561	982 4722
(Name of Contact			(Daytime Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida I	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing F Certificate of S	<del>-</del>	Certit s Certit	O Filing Fee leate of Status led Copy tional Copy is osed)
Mailing Address		eet Address	
Amendment Section Division of Corporations		iendment Sect	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Southeast Credit Union Foundation, Inc

N16000000117		
(Document Nu	mber of Corporation (if know	n)
Pursuant to the provisions of section 617,1006, Florida Statemendment(s) to its Articles of Incorporation:	autes, this Florida Not For Pr	ofit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
THINK Community Foundation, Inc		The new
name must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name	ration" or "incorporated" of	
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES	N/A	
	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	DO FT
		8 2
). If amending the registered agent and/or registered o	ffice address in Florida, ent	er the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent: N/A		
New Registered Office Address:	(Florida	street address)
		TH I
	(City)	, Florida (Zip Code)
Can Dunistand Laure. Simuture if shaming Danistan	ad Augusti	
Few Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		obligations of the position.
	•	
	Signature of New Registered	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; Y = 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	<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 Add		<u>N/A</u>	
Remove			
2) Change Add		<u>N/A</u>	
Remove 3  Change  Add  Remove		N/A	
4) Change Add		<u>N/A</u>	
Remove			
5) Change Add		N/A	
Remove			
6) Change Add		N/A	
Remove		Page 2 of 4	
		onal Articles, enter change(s) here: vssary). (Be specific)	
N/A			
		-	

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		Page	3 of 4			
	2/19	/2020				
The date of each amendment date this document was signed						the
_	3/2/2020					
Effective date <u>if applicable</u> :		re than 90 days aft	er amendment file	date)	<u> </u>	
<b>Note:</b> If the date inserted in the document's effective date on the	is block does not m he Department of Si	eet the applicable tate's records.	statutory filing rec	quirements, this d	ate will not be listed as the	
Adoption of Amendment(s)	( <u>CHE</u> )	CK ONE)				
The amendment(s) was/w was/were sufficient for ap	ere adopted by the opposal.	members and the r	number of votes ca	ast for the amenda	nent(s)	

There are no mem- adopted by the bo	bers or members entitled to vote on the amendment(s), and of directors.	The amendment(s) was/were
Dated	02/19/2020	

•

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

	(Typed or printed name of person signing)
President	
	(Title of person signing)