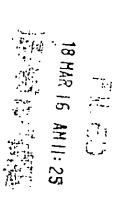




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R. WHITE
MAR 1 9 2018



COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

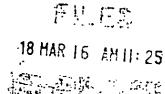
Daveon L. Hall SonAME OF CORPORATION:	cholarship Fund, Inc		
N16000002542 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Barbara U. Drummond			
	(Name of Contact Persor	n)	
Daveon L. Hall Scholarship Fund, Inc.			
	(Firm/ Company)		
5000 NW 173 Street			
	(Address)		
Miami, Florida 33055			
	(City/ State and Zip Code	e)	
b.drummond11@yahoo.com			
E-mail address: (to be use	ed for future annual report r	notification)	
For further information concerning this matter, pleas	e call:		
Barbara Drummond			
(Name of Contact Perso	n) atat	ea Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State;	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Daveon L. Hall Scholarship Fund, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N16000002542 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Daveon L. Hall Foundation, Inc. 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 name. 5000 NW 173 Street B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Miami, Florida 33055 C. Enter new mailing address, if applicable: P.O. Box 172686 (Mailing address MAY BE A POST OFFICE BOX) Hialeah, Florida 33017 D. 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 _ (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I 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

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

tach additional sheets, if necessary).	(Be specific)
<u> </u>	
<u></u>	

	March 7, 201		er at at at
	ne date of each amendment(s) adoption:te this document was signed.		, if other than the
	March 7, 2018		
iffe	fective date <u>if applicable</u> :		
	(no more than 9t) days after amendment file date)	
	ote: If the date inserted in this block does not meet the apcument's effective date on the Department of State's received.	oplicable statutory filing requirements, this date will not be ords.	listed as the
Ado	loption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members was/were sufficient for approval.	and the number of votes cast for the amendment(s)	
	There are no members or members entitled to vote on adopted by the board of directors.	the amendment(s). The amendment(s) was/were	
	October 15, 2017 Dated		
	Signature Drumus	ond	
	· •	of the board, president or other officer-if directors porator – if in the hands of a receiver, trustee, or that fiduciary)	
	Barbara U Drummond		
	(Typed o	or printed name of person signing)	
	President		
		(Title of person signing)	