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SECRETARY OF STATE A

DEC 1 4 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Enroy Foundation, Inc.
· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER: N 16 899 \$553
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Laurence E. Enlow Tr. (Name of Contact Person)
(Name of Contact Person)
Enroy Foundation, Inc. (Firm/Company)
) (Firm/Company)
58 14 23th Ave, S.
(Address)
Gulfport, FL 33707 (City/State and Zip Code)
(City/ State and Zip Code)
le_mk@ yahoo.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laurence (Larry) Enlow a1 (727) 290-6445
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (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 of

FILED

Enroy Foundation a	LNC * ently filed with the Florida Dep	2016 DEC 12 12 11:21
Name of Corporation as curr	ently filed with the Florida Dep	t of State)
N16 99 99 59 50 (Document Num	nber of Corporation (if known)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not For Profit</i>	Corporation adopts the following
A. If amending name, enter the new name of the corpor	, , ,	
name must be distinguishable and contain the word "corpor	N/A	The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	A/A (2	
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 registered of new registered agent and/or the new registered office	filce address in Florida, enter ti	ne name of the
Name of New Registered Agent:	/ 6	<u></u>
	(Florida stre	et address)
New Registered Office Address:	NA	, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obli	gations of the position.
^	Signature of New Registered Ag	
	Signature of New Registered Ag	ent, if changing

E. If amending or adding additional Articles, enter (attach additional sheets, if necessary). (Be specified)	change(s) here:
(attach additional sheets, if necessary). (Be speci	ific)
\mathcal{N}/A	
7.//	
· · · · · · · · · · · · · · · · · · ·	

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	PT John Doe Y Mike Jones SY Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove	<u>T</u> 2	Rose Caballes	2728 56th St. S. Gulfport, FL 33707	
2) Change Add	SD	Maureen Kilroy	5814 23RD Ave S Gulfport, FL33707	
Remove 3)ChangeAdd				
Remove 4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				

	e date of each amendment(s) adoption: 9816 , if other than the this document was signed.
Eff	ctive date <u>if applicable</u> : (no more than 90 days after amendment file date)
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Ado	option of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
⊈	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 9 8 2016
	Signature Laurence Livery, Jo,
	(By the chairman or vice chairman of the board, president of 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)
	Lawrence E. Enlow, TV, (Typed or printed name of person signing)
	Typed or printed name of person signing) The sident and birector (Title of person signing)
	frine or betong signing)