N160000009926

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Honor Portraits Inc. ON:			
DOCUMENT NUMBER:	N16000009926			
The enclosed Articles of Am	nendment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
Flora Zolin				
	(Name of Contact Pe	rson)	
Honor Portraits Inc.				
		(Firm/ Company)	
7981 Monarch Court				
···		(Address)		
Delray Beach, FL 33446				
	(1	City/ State and Zip (Code)	
flora.zolin@gmail.com				
E	E-mail address: (to be used t	or future annual rep	ort notification)
For further information conc	cerning this matter, please c	all:		
Flora Zolin		at	(561)	865-0013
	(Name of Contact Person)	w.	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	following amount made pay	able to the Florida D	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	Address	Str	eet Address	

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Honor Portraits Inc.		
(Name of Corporation as curr N16000009926	rently filed with the Flor	ida Dept. of State)
(Document Nu	mber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
. If amending name, enter the new name of the corpor	ration:	
		The new
ame must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name. Enter new principal office address, if applicable:	oration" or "incorporated	l" or the abbreviation "Corp." or "Inc."
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>55</u>)	
		7.0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		Service No.
		enter the name of the
		<u> </u>
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 		enter the name of the
	e address.	
Name of New Registered Agent:		
	(Fl.	orida street address)
New Registered Office Address:	,	· · · · · · · · · · · · · · · · · · ·
		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I am		the obligations of the position.
	Signature of New Regist	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: X Change X Remove X Add	PT John I V Mike SV Sally		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Gerard Whitty	8312 Waterline Dr. #102
Add			Boynton Beach, FL 33472
Remove			
x 2) Change	SD	Howard Zolin	7981 Monarch Ct.
Add			Delray Beach, FL 33446
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		<u>-</u>	
5) Change			
Add			
Remove			<u></u>
6) Change			
Add			
Remove			

F. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
Article IX	
a. The organization is organized exclusively for charitable, educational and scientific purposes, including, for such purpose	s,
the making of distributions to organizations that qualify as exempt organizations under section 501(C)(3) of the Internal	
Revenue Code, or corresponding section of any future federal tax code.	
b. Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning	3
of Section 501(C)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be	
distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed	lo
shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is located	d
exclusively for such purposes or to such organization or organizations as said Court shall determine, which are organized	_
and operated exclusively for such purposes.	
	_
	_
	_

Bire	Gae date of each amendment(s) adoption:	, if other than th			
date	date this document was signed.				
Eff	Effective date if applicable:				
	(no more than 90 days after amendmen	t file date)			
	Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g requirements, this date will not be listed as the			
A do	Adoption of Amendment(s) (CHECK ONE)				
	The amendment(s) was/were adopted by the members and the number of vote was/were sufficient for approval.	es cast for the amendment(s)			
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
	November 28, 2016 Dated				
	Signature (By the chairman of vice chairman of the board, president	or other officer-if directors			
	have not been selected, by an incorporator – if in the hand other court appointed fiduciary by that fiduciary)				
	Flora Zolin				
	(Typed or printed name of pers	on signing)			
	Vice President				
	(Title of person sig	ning)			