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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations The Shure Family Charitable Foundation, Inc. NAME OF CORPORATION: N16000011658 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brian K. Shure (Name of Contact Person) The Shure Family Charitable Foundation, Inc. (Firm/ Company) 2631 SUNSET BLVD (Address) HOUSTON, TN, 77005 (City/ State and Zip Code) BSHURE@AMBROSECAP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brian K. Shure 544-3219 (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & S52,50 Filing Fee ■ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (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

he Shure Family Charitable Foundation, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

| . If amending name, enter the new name of the con | rporation: |
|--|---|
| | The new |
| ime must be distinguishable and contain the word "co <u>Company" or "Co." may not be used in the name</u> | orporation" or "incorporated" or the abbreviation "Corp." or "Inc." |
| Enter new principal office address, if applicable: principal office address <u>MUST BE A STREET ADD</u> | |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX | <u>Y</u>) |
| , | |
| | |
| If amending the registered agent and/or register. | |
| | ed office address in Florida, enter the name of the office address: |
| new registered agent and/or the new registered of New Registered Agent: | |
| new registered agent and/or the new registered of | office address: |
| new registered agent and/or the new registered of | |
| new registered agent and/or the new registered of New Registered Agent: | (Florida street address) |
| new registered agent and/or the new registered of New Registered Agent: | office address: |
| new registered agent and/or the new registered of New Registered Agent: Name of New Registered Agent: New Registered Office Address: | (Florida street address) . Florida (City) (Zip Cores) |
| new registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if changing Regi | (Florida street address) (Florida street address) (City) (Zip Care) (stered Agent: I am familiar with and accept the obligations of the position. |
| new registered agent and/or the new registered of New Registered Agent: | (Florida street address) Florida (City) (Zip Care S |

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:

 $P \sim President; V = Vice President; T = Treasurer; S \sim Secretary; D = Director; TR - Trustee; C \sim Chairman or Clerk; CEO = Chief Executive Officer, CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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>V</u> <u>M</u> | ohn Doe like Jones ally Smith | |
|-----------------------------------|-------------------|-------------------------------------|----------------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | D | Adrian Keevil | 1898 Catlin Road Charlottesville |
| Add | | | VA 22901 |
| X Remove | | | |
| 2) Change | D | John Tonzola | 277 Park Avenue |
| XAdd | | | New York, NY 10172 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | · |
| Remove | | | |
| 51 Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Articles, (attach additional sheets, if necessary). (Be | specific) | | | | | | |
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| | July 27, 2017 | |
|---|---|---------------------|
| he date of each amendment(| s) adoption: | , if other than the |
| ate this document was signed. | | |
| Effective date <u>if applicable</u> : | July 29, 2017 | |
| | (no more than 90 days after amendment file date) | |
| | s block does not meet the applicable statutory filing requirements, this date will not e Department of State's records. | be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/we was/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval. | |
| There are no members or radopted by the board of d | members entitled to vote on the amendment(s). The amendment(s) was/were irectors. | |
| 7/29/20 Dated | 017 | |
| ~ | Sh — | |
| Signature | chairman or vice chairman of the board, president or other officer-if directors | |
| - | of been selected, by an incorporator – if in the hands of a receiver, trustee, or | |
| | ourt appointed fiduciary by that fiduciary) | |
| Briz | an K. Shure | |
| | (Typed or printed name of person signing) | |
| Pres | sident | |
| | (Title of person signing) | |