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- (Bı	usiness Entity Name)	)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	The Shure Family Ch	naritable Foundation, In-	c.	
DOCUMENT NUMBER:	N16000011658			
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde	nce concerning this matter	r to the following:		
Brian K. Shure				
		(Name of Contact Perso	on)	
The Shure Family Charitable	e Foundation, Inc.			
14-4		(Firm/ Company)		
5050 Millwood Lane, NW				
		(Address)		
Washington, DC 20016				
	(	City/ State and Zip Coc	le)	
BSHURE@AMBROSECAL	P.COM			
E:	mail address: (to be used	for future annual report	notification	)
For further information conce	erning this matter, please o	eall:		
Brian K. Shure		91 at	17	544-3219
(	Name of Contact Person)	(A	rea Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	vable to the Florida Dep	artment of S	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & [ Certificate of Status		Certifi Certifi	O Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	Street	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

## FILED

## Articles of Amendment to Articles of Incorporation of

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SECRETARY OF STATES TABLEARASSEE FEBREDA

The Shure Family Charitable Foundation, Inc.

The small raining Charlable roundation, me.		A MARKING CORES L PERMITS
(Name of Corporation as cu	rrently filed with the	: Florida Dept, of State)
N16000011658		
(Document N	lumber of Corporation	ı (if known)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida N	ot For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corp	oration:	
		The nev
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	paration" or "incorpa	orated" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		orida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		(Florida street address)
		, Florida
<del></del>	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		accept the obligations of the position.
	Signature of New	Revistered 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>V</u> <u>Mik</u>	n <u>Doc</u> te <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	D, CH	John Tonzola	P.O. Box 224
Add			New Vernon, New Jersey 07976
Remove			
2) X Change	P/VP/T	Brian K. Shure	5050 Millwood Lane, NW
Add			Washington, DC 20016
Remove	S	Caroline P. Aldige Shure	5050 Millwood Lane, NW
3) X Change	<del></del>	Caronic 1. Avaige onaic	Washington, DC 20016
Add Remove			Washington, DC 20010
4) X Change	D	Constance Shure	5050 Millwood Lane, NW
Add			Washington, DC 20016
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

f amending or adding additional Artiutach additional sheets, if necessary).	(Be specific)					
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The date of such assumble and	September 1, 2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del>-</del> -
Note: If the date inserted in this bedocument's effective date on the l	plock does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.	
There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment(s) was/were etors.	
Dated	7/18/2017	
Signature	M-	
have not b	airman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)	
Brian i	C. Shure	
	(Typed or printed name of person signing)	
Preside	ent	
<del>1</del>	(Title of person signing)	