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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:) J. & KELLIE J. LONG FAM	III.Y FOUND	ATION, INC.
N16000012118 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
Angela Villanueva			
	(Name of Contact Per	son)	
Nelson Mullins Broad and Cassel			
	(Firm/ Company)		
1905 NW Corporate Blvd., Ste. 310			
	(Address)		, , , , , , , , , , , , , , , , , , ,
Boca Raton, FL 33431			
	(City/ State and Zip C	ode)	
jbohl@grassicpas.com			
E-mail address: (to	be used for future annual repo	ort notification	1)
For further information concerning this matter	, please call:		
Angela Villanueva	at	561	218-6902
(Name of Contact		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount i	made payable to the Florida D	epartment of	State:
■ \$35 Filing Fee □\$43.75 Filing I Certificate of \$	-	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		et Address indment Secti	on

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE DAVID J. & KELLIE J. LONG FAMILY FOUNDATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N16000012118		
(Document N	umber of Corporation (if known)	(
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation add	opts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	ooration" or "incorporated" or the abbreviation "C	Corp." or "Inc."
B. Enter new principal office address, if applicable:	25 JOHNSON AVENUE	
(Principal office address MUST BE A STREET ADDRI	RONKONKOMA, NY 11779	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	25 JOHNSON AVENUE	
	RONKONKOMA, NY 11779	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		
Name of New Registered Agent:		
6000	BROKEN SOUND PARKWAY, NW, STE. 200	
New Registered Office Address:	(Florida street address)	
BOC	A RATON Florida 3	13487
	(City) (Zip Co	de)
New Registered Agent's Signature, if changing Registe		
I hereby accept the appointment as registered agent. I ar	n familiar with and accept the obligations of the pos	sition.
	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>Y</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<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			
(attach additional shee		onal Articles, enter change(s) here: (Se specific)	
N/A	<u> </u>	**	
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The date of each amendment(s) adoption:			, if other than
date this document was signed.			
Effective date if applicable:			
(no mor	e than 90 days after a	mendment file date)	
Note: If the date inserted in this block does not m	cet the applicable stat	utory filina requirements	this date will not be listed as the

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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.

J	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 SEPTEMBER 23, 2020 Signature
	(Bythe chairman or vice chairman of the board, president or 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)
	DAVID J. LONG, III (Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)