NI6 000012161

(Re	questor's Name)	
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TJUL 13 2022 M. SOLOMON

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are sub				
Please return all correspondence concerning this mat-	ter to the following:			
Andrew C. Dye				
	(Name of Contact Per	son)		
Webster, Chamberlain & Bean, LLP				
	(Firm/ Company)			·" .f
1747 Pennsylvania Avenue, NW, Suite 1000				
	(Address)			
Washington, DC 20006				1,
	(City/ State and Zip C	ode)) i f
				- 6
E-mail address: (to be use	d for future annual repo	ort notification)	
For further information concerning this matter, pleas	e call:			
Andrew C. Dye		202	688-3552	
(Name of Contact Person			(Daytime Telephone	Number)
Enclosed is a check for the following amount made p	ayable to the Florida De	epartment of S	State:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is seed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ame Divis	et Address indment Sectionsion of Corpor Centre of Ta	rations	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

N16000012161		
(Document Num	ber of Corporation (if	known)
rsuant to the provisions of section 617.1006, Florida Statu tendment(s) to its Articles of Incorporation:	ites, this <i>Florida Not F</i>	or Profit Corporation adopts the following
If amending name, enter the new name of the corpora	ation:	
arry & Millie Magid Family Foundation, Inc.		The nev
me must be distinguishable and contain the word "corpor ompany" or "Co." may not be used in the name.	ration" or "incorporate	
Enter new principal office address, if applicable:	N/A	
rincipal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u>)	

Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A)
		7
te		
If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ice address in Florida	enter the name of the
>>/ .	address.	
Name of New Registered Agent: N/A		
New Registered Office Address:	(F)	orida sneet address)
N/A		
<u>-</u>	(City)	, Florida
Registered Agent's Signature, if changing Registered	•	(Zip Code)

Signature of New Registered Agent, if changing

		at a side and name of each office	r/director being removed and title, name,
and address of each Of (Attach additional sheet: Please note the officer/d P = President; V= Vice Executive Officer; CFO hold President, Treasur	s, if necessary) lirector title by the President; T= Tre = Chief Financial rer, Director would	first letter of the office title; asurer; S= Secretary; D= Director; TR= Ti Officer. If an officer/director holds more ti I be PTD.	rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office
Changes should be note a change, Mike Jones le Mike Jones, V as Remov	vaves the corporan	M, Strik Smith is named	e PST and Mike Jones is listed as the V. There i e should be noted as John Doe, PT as a Change
Example: X Change X Remove X Add	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		<u>N/A</u>	
Remove			
2) Change Add			
Remove 3) Change Add Remove			2822 HAY 13
4) Change Add			
Remove 5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sho	ling additional Ar eets, if necessary),	ticles, enter change(s) here: (Be specific)	
N/A			
			

was/were sufficient for approval.

ŧ	Pated $\frac{5}{10}$ $\frac{1}{2^2}$
S	(By the 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) Larry Magid
	Larry Magid

. . .

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