## N170000042

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

MAY 1 8 2017 **T. LEMIEUX** 



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	ndation, Inc.		
	N17000000142			
DOCUMENT NUMBER:				· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Ar	mendment and fee are subr	mitted for filing.		
Please return all correspond	lence concerning this matte	er to the following:		
Michael Litoborski				
-		(Name of Contact Perso	on)	
Rose Management Office				
		(Firm/ Company)		
7647 100th Place				·
		(Address)		
Bridgeview, IL 60455				
		(City/ State and Zip Cod	le)	
mlitoborski@rose-mgmt.co	om			
1	E-mail address: (to be used	for future annual report	notification	)
For further information con-	cerning this matter, please	call:		
Alan Rose		-4		(708) 529-2232
	(Name of Contact Person)		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the t	following amount made pay	yable to the Florida Dep	artment 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	D Filing Fee cate of Status ed Copy cional Copy is used)

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 of

(Name of Corporation	as current	tly filed with the Florid	la Dept. of State)	
N17000000142				
(Docur	ment Numbe	er of Corporation (if kno	own)	
Pursuant to the provisions of section 617.1006, Flomendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For</i>	Profit Corporation adopts the fo	llowing
L. <u>If amending name, enter the new name of the</u> N/A	e corporati	on:	r	he new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the nam		ion" or "incorporated"		
3. <u>Enter new principal office address, if applica</u> Principal office address <u>MUST BE A STREET A</u>		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	N/A		
		<del></del>		
If amending the registered agent and/or registered agent and/or the new register			nter the name of the	
Name of New Registered Agent:	N/A			<del></del>
		(Flor	ida street address)	<del></del>
<u>New Registered Office Address:</u>	N/A		, Florida	
		(City)	(Zip Code)	
lew Registered Agent's Signature, if changing F hereby accept the appointment as registered agen			e obligations of the position TALLASS	Arthur Charles
_	Siį	gnature of New Register	ed Agent, if changing	FI
	P	age 1 of 4		

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 <math>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 V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change			
Add			<del></del>
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)
Article III
Said organization is organized exclusively for charitable, religous, educational, and scientific purposes, including, for such
purposes, the making of distributions to organizations that qualify as exempt organizations described under Section
501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.
Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning 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 state or local government, for a public purpose. Any such assets not disposed of
shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is
then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are
organized and operated exclusively for such purposes.
•

The date of each amendment(s)	ndoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the E	lock does not meet the applicable statutory filing requirements, this date will be partment of State's records.	I not 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 mer adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were etors.	
Dated MA	12, 20,7 DIMM DASI	
(By the chan have not b	irman or vice chairman of the board, president or other officer-if directors een selected, by an incorporator – if in the hands of a receiver, trustee, or t appointed fiduciary by that fiduciary)	<del></del>
	ALAN ROSE (Typed or printed name of person signing)	
	PRESIDENT (Title of person signing)	

## **COVER LETTER**

TO: Amendment Section Division of Corporations

Next Adventure Foundation, Inc. NAME OF CORPORATION:
N17000000142
OOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Michael Litoborski
(Name of Contact Person)
Rose Management Office
(Firm/ Company)
7647 100th Place
(Address)
Bridgeview, IL 60455
(City/ State and Zip Code)
nlitoborski@rose-mgmt.com
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Alan Rose (708) 529-2232
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)
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\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is Enclosed)

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

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