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## COVER LETTER

**TO:** Amendment Section Division of Corporations

KM O'DONNELL FAMILY NAME OF CORPORATION:	FOUNDATION, INC
N1700000495 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted f	or filing.
Please return all correspondence concerning this matter to the	following:
Donald Berube	
(Name	of Contact Person)
KM O'DONNELL FAMILY FOUNDATION. INC	
	irın/ Company)
875 Concourse Parkway S., Suite 200	
	(Address)
Maitland, FL 32751	
(City/	State and Zip Code)
dberube@wltic.com	
E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this matter, please call:	
Donald Berube	321 214-6808
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
(Add	75 Filing Fee & S52.50 Filing Fee fied Copy Certificate of Status litional copy is Certified Copy osed) (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, EL 32303

## Articles of Amendment to Articles of Incorporation

KIM O'DONNELL FAMILY FOUNDATION, INC.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)				
KIM O'DONNELL FAMILY FOUNDATION, INC.	N1700000495				
(Document Nunit	per of Corporation (if known)				
Pursuant to the provisions of section 617.1006. Florida Statut- imendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following				
A. If amending name, enter the new name of the corporat  N/A	t <mark>ion:</mark> The new				
name must be distinguishable and contain the word "corpora" "Company" or "Co." may not be used in the name.	<del></del>				
B. Enter new principal office address, if applicable:	N/A E = -				
Principal office address <u>MUST BE A STREET ADDRESS</u>	28				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A LORIO E				
). If amending the registered agent and/or registered offinew registered agent and/or the new registered office a					
Ν/Δ					
Name of New Registered Agent:					
New Registered Office Address:	(Florida street address)				
	, Florida				
	(City) (Zip Code)				
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the position.				
S	ignature of New Registered Agent, if changing				
	Page 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 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>Mil</u>	n Doe se Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Charles H. Stark	312 N. Park Avenue #2-A
Add			Winter Park, FL 32789
X Remove			
2) Change	D	Lauren E. McNichol	2433 Foxdale Ave.
x Add			Oceanside, NY 11572
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			·
Add			
Remove			

N/A	E. If amending or adding additional Article (attach additional sheets, if necessary).	icles, enter chan (Be specific)	ge(s) here;				
	N/A						
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The date of each amendment(s) adop	otion:	July	_3	<i>2018</i>	, if other than the
late this document was signed.			ŕ		
Effective date <u>if applicable</u> :	JULY.	3 201	(g)	or Ct. I and	
	(no more than	90 days after	r amendmer	if file date)	
<b>Note:</b> If the date inserted in this block document's effective date on the Depa			atutory filin	g requirements, thi	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ON	<u>E</u> )			
■ The amendment(s) was/were adopwas/were sufficient for approval.	sted by the member	s and the nur	nber of vot	es east for the amer	ndment(s)
There are no members or member adopted by the board of directors		i the amenda	nent(s). Th	e amendment(s) wa	ns/were
May 9, 2019 Dated		4			
Signature	$\mathcal{A}_{7}$				
have not been	an of vice chairnyin selected, by an inco pointed fiduciary by	orporator – it	in the hand		
Donald Be	erube				
	(Typed	l or printed n	name of pers	son signing)	·
Secretary					
**************************************		(Title o	f person sig	ning)	