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COVER LETTER

TO: Amendment Section . Division of Corporations	· ř··
NAME OF CORPORATION:	Solomon Foundation Inc
DOCUMENT NUMBER: 170000	Solomon Foundation Inc 06329
The enclosed Articles of Amendment and fee are submitted	
Please return all correspondence concerning this matter to the	e following:
Jesse W. Se	for filing. e following:
(,vam	e of Contact Person)
(1	Firm/ Company)
P.O. Box 10	2 S (Address)
MAdison (City)	$\frac{E L}{\text{State and Zip Code}} \frac{3234}{\text{State and Zip Code}}$
E-mail address: (to be used for fu	ure annual report notification)
For further information concerning this matter, please call:	
Jesse Solomon	at 850 - 408 - 2342 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable	
(Ad	.75 Fifing Fee & S52.50 Filing Fee tified Copy Certificate of Status ditional copy is closed) Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Article	s of Incorporation of	£2. 52
Jesse Solomon F	foundation I	nc. S
(Name of Corporation as curren	tly filed with the Florida Dept.	of State)
N 170000 D 63	29	
(Document Numb	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Co</i>	prporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
name must be distinguishable and contain the word "corporate	hip Foundation	1 Inc The new
name must be distinguishable and contain the word "corporal <u>"Company" or "Co." may not be used in the name</u> .	ion or incorporated or the al	bbreviation "Corp." or "Inc."
	1/4	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	-V(A)	
<u></u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
(maining dualess MAT BE A LOST OF LEE BOX)		
	·	
D. If amending the registered agent and/or registered office	n addmiss in Flavida, anton the	name of the
new registered agent and/or the new registered office a		name or the
Name of New Registered Agent:	ALLA	
Mame of New Registered rigent.		
	(Florida street a	uhlence)
New Registered Office Address:	() white week to	uurcssy
		Elorida
	(City)	, Florida (Zip Code)
Name Designated Assume Commentation of the author Designation of	A	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		tions of the position.
		• •
	NIA	
Si	gnature of New Registered Agent	t, 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>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) AL Change			
Add			
Remove			
3) A Change			·
Add			40-140-1
Remove			
4) <u>IM</u> Change			
Add			
Remove			
5) M Change			
Add			
Remove			
6) M Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:						
(attach addition	nal sheets, if necessar	y). (Be specific	-)			
NA	· · · · ·					
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The date of each amendment(s) add date this document was signed.	option: 3/20/19	, if other than the
Effective date <u>if applicable</u> :	(no mord than 90 days after amendme	ent file date)
Note: If the date inserted in this bloc document's effective date on the Dep		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of vol.	ntes cast for the amendment(s)
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). Trs.	he amendment(s) was/were
Dated	21/19	
Signature	ML 1V. All March presidents of the board, president	t or other officer if directors
have not been	n selected, by an incorporator – if in the har ppointed fiduciary by that fiduciary)	
	Jesse W. Solom (Typed or printed name of pe	
	President (Title of person si	oning)