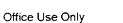
N17000008786

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Amendment Section Division of Corporations

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GOEBEL FAMILY FO	OUNDATION INC		
N1700008786 DOCUMENT NUMBER:	**************************************		
The enclosed Articles of Amendment and fee are submitt	ted for filing.		
Please return all correspondence concerning this matter to	o the following:		
DALE TWARDOWSKI			
(N	lame of Contact Per	rson)	
ACCOUNT-TAX LLC			
	(Firm/ Company)	<u>-</u>	
2468 FLORENTINE WAY NO 62			
-	(Address)		
CLEARWATER, FL 33763			
(C	ity/ State and Zip C	Code)	
DALETWARDOWSKI@HOTMAIL.COM			✓
E-mail address: (to be used fo	r future annual repo	ort notification)
For further information concerning this matter, please cal	II:		
DALE TWARDOWSKI		727	748-8954
(Name of Contact Person)	a	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ble to the Florida D	epartment of S	State:
	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status and Copy cional Copy is sed)
Mailing Address Amendment Section	Street Address Amendment Section		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GOEBEL FAMILY FOUNDATION, INC.

(Name of Cornoration as curr	ently filed with the Florida Dept. of State)
N17000008786	the state of the s
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:
	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B B	: : : : : : : : : : : : : : : : : : :
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	(a)
Trucqua office address MOST DE ASTREET ADDRESS	5)
C. Enter new mailing address, if applicable:	SI 12
(Mailing address MAY BE A POST OFFICE BOX)	٠٠ ـــــ دورود
	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	(City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registere	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
	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>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<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			<u>.</u> .	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Article IX. Upon the dissolution of the 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 to a					
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.					

٠	•	5/16/18	
	e date of each amend this document was s	Iment(s) adoption:igned.	, if other than the
		5/22/18	
Effe	ective date <u>if applic</u>	able: (no more than 90 days after amendment file date)	
		d in this block does not meet the applicable statutory filing requirements, this date will not e on the Department of State's records.	ot be listed as the
Adoption of Amendment(s)		nt(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no membadopted by the boa	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.	
	Dated	5/22/18	
	Signature	illetin	
		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)	
		DALE TWARDOWSKI	
		(Typed or printed name of person signing)	
		DIRECTOR, SECRETARY/TREASURER	
		(Title of person signing)	