118000000918

(Requestor's Name)	
_	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(,	
(Document Number)	_
(Document Number)	
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Mend

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	FAMILY FOUNDAT	ION, INC.			
	N18000000918				
The enclosed Articles of Am	endment and fee are subm	itted for filing.			
Please return all corresponde		_			
·	-	to the following.			
TATIANA D GONCALVE	S				
	(Name of Contact P	erson)	•	
		(Firm/ Compan	y)		
10 FAIRWAY DRIVE STE	219				
		(Address)			
DEERFIELD BEACH, FL.	33441				
	(City/ State and Zip	Code)		
TATY.GONCALVES @HO	OTMAIL.COM				V
E	-mail address: (to be used	for future annual re	port notificatio	n)	
For further information cone	erning this matter, please c	all:			
TATIANA DIAS GONCAL	VES	at	754	3680417	
	(Name of Contact Person)		(Area Code)	(Daytime Telephone N	łumber)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif (Addi	0 Filing Fee licate of Status licd Copy Itional Copy is osed)	
Mailing Address		Street Address			

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

FAMILY FOUNDATION, INC.

(Name of Corporation as curre	ntiy med with the Fight	ua Dept. of State)
N18000000918	ber of Corporation (if kn	owa)
(Document Hum)	ber of Corporation (it kn	own)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:	
	<u></u>	The new
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS		λ:12 co
(Francipal office address <u>Stost B.E. A STREET ADDRESS</u>		· · · · · · · · · · · · · · · · · · ·
		
C. Enter new mailing address, if applicable:		A P
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		max cm
		1.20
D. If amending the registered agent and/or registered off	ice address in Florida.	enter the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:		
Name of New Negmerea Agent.		
	.121	
New Registered Office Address:	(rio	rida street address)
		, Florida (Zip Code)
	(City)	(zip Coae)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		the obligations of the position.
	Signature of New Registe	ered 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)	Title	<u>Name</u>		<u>Addres</u> s
1) Change	CCO	MARTA D SA	ANTA ROSA	8422 DYNASTY DRIVE
Add				BOCA RATON, FL 33433
X Remove				 .
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		· — —		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove			D • • • •	

If amending or addi- (attach additional she	ets, if necessary).	(Be specific)			
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The	e date of each amendment(s) adoption:	, if other than th
date	e this document was signed.	
Effe	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will neument's effective date on the Department of State's records.	ot be listed as the
Ado	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated $\frac{05/23/2018}{}$	
	Signature Lation re liver liver liver	
	(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)	
	Taliana Dias Gericalves	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	