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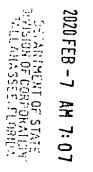
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MAR 0 4 2020 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	oundation, Inc.		
N0000007759 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Michael P. O'Neill			
	(Name of Contact Pe	erson)	
	(Firm/ Company	•)	
2571 La Cristal Circle			
	(Address)		
Palm Beach Gardens, FL 33410			
	(City/ State and Zip (Code)	· · · · · · · · · · · · · · · · · · ·
MPO@MSN.COM			
E-mail address: (to be use	ed for future annual rep	ort notification	n)
For further information concerning this matter, pleas	se call;		
Michael P. O'Neill	at	305	333-
(Name of Contact Perso	at _. m)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida I	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		eet Address	

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

The Blue Planet Foundation, Inc.

Name of Corporation as currently filed with the Florie	da Dept. of State)
N000007759	
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	orațion:
Into The Blue Foundation, Inc.	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>
	2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BQX)	FE STATE OF THE ST
(Stating datess SIAT BE A POST OFFICE BOA)	
	TOWN TOWN
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the
new registered agent and/or the new registered offi	
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I an	n 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
E. If amending or adding (attach additional shee	g additions.	Page 2 of 4 onal Articles, enter change(s) here: vssary). (Be specific)	· · · · · · · · · · · · · · · · · · ·

		<u>-</u>
		
		
		
		
	Page 3 of 4	
The date of each amendment(s) adoption date this document was signed.	on:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	ses not meet the applicable statutory filing requirements, this date will not be sent of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

Dated Signature (By the	2/4/20 MONUM chairman or vice chairman of the board, president or other officer-if directors
have n	ot been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
omere	our appointed fiduciary by that fiduciary)
Mic	thael P. O'Neill
	(Typed or printed name of person signing)
Pre	sident
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.