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SECRETARY OF STATE
TALL AHASSEF, FLORDA

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

→ NAME OF CORPORATI	THE SALLEY FOU	JNDATION INC		
DOCUMENT NUMBER:	N18000010403			
The enclosed Articles of Art			- -	
		•		
Please return all correspond	ence concerning this matte	er to the following:		
MICHAEL GRAHAM				
		(Name of Contact Pe	erson)	
3HL ACCOUNTANTS				
		(Firm/ Company	')	
8461 LAKE WORTH RD	SUITE 228			
	-	(Address)		
LAKE WORTH, FL 33467	,			
		(City/ State and Zip C	Code)	
MGRAHAM@3HLACCOI	JNTANTS.COM			
	-mail address: (to be used	for future annual rep	ort notification	1)
For further information conc	erning this matter, please	call:		
MICHAEL GRAHAM		at	561	209-6010
	(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida D	epartment of:	State;
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	0 Filing Fee icate of Status ied Copy tional Copy is seed)
Mailing A			ect Address	
	Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O. Box 6			ision of Corpo ton Building	Prations
		CIII	·on monung	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

THE SALLEY FOUNDATION INC

(Name of Corporation as curren	ntly filed with the Florida Den	t. of State)
N18000010403		. Or create
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit</i> (Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the	abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
		12 CO CO
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		C. 200
· · · · · · · · · · · · · · · · · · ·	·	ASS ASS
		PA PA
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	ce address in Florida, enter th	e name of the RIDA
Name of New Registered Agent:		
	iFlorida stree	(address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fair	Agent: miliar with and accept the oblig	ations of the position.
	ignature of New Registered Age.	nt, 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	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Adding Additional Information to Article III
The specifi purpose for which this corporation is organized is:
Organization is organized exclusively for charitable educational purposes under Sec. 501(c)(3) of the Internal
Revenue Code or Corresponding Sec. of any future Federal Tax Code. Fund Raising for children youth programs
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.

	10/9/18	
The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		
10/9/	/18	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 50 days after amenament file date)	
Note: If the date inserted in this blo- locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will repartment of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s).	
There are no members or membadopted by the board of directo	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated/	0/9/2018	
Signature	Eller	
(By the chair	nan or vice chairman of the board, president or other officer-if directors	
nave not bee	n selected, by an incorporator – if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
	· · · · · · · · · · · · · · · · · · ·	
\mathcal{D}_{\prime}	AVID JALLEY	
	(Typed or printed name of person signing)	
Presiden	t	
	(Title of person signing)	

. . . .