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2019 SEP 16 AM 10: 51

SEP 27 MP.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: LION'S SHARE F	OUNDATION, INC.	
	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	DWAYNE FOSTER		
		Name of Contact Person	1
	LION'S SHARE FOUNDAT	TON, INC.	
		Firm/ Company	
	4429 HOLLYWOOD BLVD	•	
		Address	
	HOLLYWOOD, FL 33081		
		City/ State and Zip Code	
ALLI	JONSSHARE@GMAIL.CO	М	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (319-8935
Name (of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section in of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

LION'S SHARE FOUNDATION, INC.

(Name of Corporation as curren	tly filed with the Florida Dep	ot. of State)
N19000008692		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation a	idopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpor	orated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		2019 Office TA
		<u>ما</u> الم
		(a)
C. Enter new mailing address, if applicable:	N/A	16
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-	
		
		. 2
D. If amending the registered agent and/or registered office ad	descrip Florida ontos the no	ma of the
new registered agent and/or the new registered office addre		me of the
Name of New Registered Agent		
(Florida :	street address)	
New Registered Office Address:		, Florida
wen Kegistereu Office Nauress.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia.		ns of the position.
,,	,	, r
	D. C. I.A. C. C. I.	
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	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	P,T,S,D	DWAYNE FOSTER	4429 HOLLYWOOD BLVD.
Add			#814482
Remove			HOLLYWOOD, FL 33081
2) Change		···	
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

r. ii amen (Attach d	nding or adding additional Articles, enter change additional sheets, if necessary). (Be specific)	<u>gs/ nere</u> .
N/A		
·····		
		-
		
		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
. <u>If an an</u>	mendment provides for an exchange, reclassifica	tion, or cancellation of issued shares,
provisi	sions for implementing the amendment if not con f not applicable, indicate N/A)	tained in the amendment itself:
N/A	, not appreciate, manual in in	
		

	SEPTEMBER 16, 2019	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	SEPTEMBER 16, 2019	
Effective date if applicable:	EFIEMBER 10, 2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s e sufficient for approval.)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	nt
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
_	adopted by the board of directors without shareholder action and shareholder	г
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	a director, president or other officer – if directors or officers have not been	
Signature	i l'atent tout	
$\frac{\text{GBy}}{\text{(By)}}$	a director, president or other officer - if directors or officers have not been	
sele	ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
арр	ointed fiduciary by that fiduciary)	
	DWAYNE FOSTER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	