N2000000939

(Re	equestor's Name)	
(Ad	idress)	-
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(Cit	ty/State/Zip/Phone	e #)
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2021 HAR 29 PH 1: 01
SECRETARY OF STATE
TALLAMASSEF TATE

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COVER LETTER

TO: Amendment Section Division of Corporations

LIVING CORAL FOUNDATION INC. NAME OF CORPORATION:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JULIANA N CALCARA	
(Name of Contact Person)	
LIVING CORAL FOUNDATION INC.	
(Firm/ Company)	
2875 NE 191ST STREET, SUITE 400A	
(Address)	· -
AVENTURA, FL 33180	
(City/ State and Zip Code)	
J.Calcara@enovationbrands.com	
E-mail address: (to be used for future annual report notification	1)
For further information concerning this matter, please call:	
JULIANA N CALCARA 305	446-6880
	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of	State:
Certificate of Status Certified Copy Certificate of Status (Additional copy is Certificate of Status)	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Amendment Section	

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 Articles of Incorporation

FILED

		2021 MAR 29 PM 1: 04
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	ESETIMATES THE CH
LIVING CORAL FOUNDATION INC. DOCUMENT	NUMBER N2000000	0939SECRETARY OF STATE
(Document N	lumber of Corporation	(if known) LAHASSEE, FL
Pursuant to the provisions of section 617.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this Florida N	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
N/A		The new
name must be distinguishable and contain the word "cor, "Company" or "Co." may not be used in the name.	poration" or "incorpe	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	N/A ESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Name of New Registered Agent: Name of New Registered Agent:	fice address:	orida, enter the name of the
New Registered Office Address:		(Florida street address)
		, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>	<u>Name</u>	<u>Addres</u> s
1) Change Add		<u>N/A</u>	
Remove			
2) Change Add		-	
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add		·	
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	
Said organization is organ	nized to h	elp provide funding for organizations throughout t	he world engaging in activities to
protect and rejuvenate con	ral reefs.	Said organization is organized exclusively for cha	ritable, religious, educational,
and specific purposes, inc	luding, fo	or such purposes, the making of distributions to org	ganizations that qualify as exempt
organizations described u	nder Sect	ion 501(c)(3) of the Internal Revenue Code, or cor	responding section of any future
federal tax code.			

Upon dissolution of the organization, as	ssets shall be distributed for one or more exempt purposes within the mean	ing
of Section 501(c)(3) of the Internal Rev	enue Code, or corresponding section of any future federal tax code,	
or shall be distributed to the federal gov	remment, or to a state or local government, for a public purpose.	
	-	
		
		
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		<u> </u>
· •		
The date of each amendment(s) adopted date this document was signed.	ion:	, 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 d document's effective date on the Department.	loes not meet the applicable statutory filing requirements, this date will no ment of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	3/24/2021
Signature	: <u>Juliana N. Calcara</u> (B) the chairman or vice chairman of the board, president or other officer-if directors
-	(B) 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)
	JULIANA N CALCARA
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)