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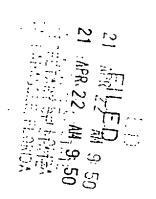
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COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPORATION: MIZNER CC C	HARITABLE FOUNDATION
DOCUMENT NUMBER: N2000000 40	94
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	g:
Erriot D. (Name of Conta	Kos rick
MIRNER CC CHARITABLE FOUND	
8150 VALHALLA D	De. 15
(Addres	s)
DELLAY BEACH (City/ State and	Fr 33 445
(City/ State and	Zip Code)
E-mail address: (to be used for future annu-	() //
For further information concerning this matter, please call:	
	at $\frac{(9sil)}{(Arca Code)}$ $\frac{328-2630}{(Daytime Telephone Number)}$
(Name of Contact Person)	(Arca Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Flo	rida Department of State:
☐ \$35 Filing Fee	y Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address 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

MIZNER CL CHARITAB	LE LOUNDATION	LWC.
(Name of Corporation as currently filed with the Florid	ia Dept. of State)	
4/200000	n 40 9 51	
(Document Nu	imber of Corporation (if known)	
(isotalion		
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	itutes, this Florida Not For Profit C	Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:	
	N/g	The new
name must be distinguishable and contain the word "corpo	oration" or "incorporated" or the a	abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	,	•
	NA	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>33</u> }	
	,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	$\sim l_{\Lambda}$	
(Mailing address MAT BE A FOST OF FICE BOX)		
D. If amending the registered agent and/or registered	office address in Florida, enter the	e name of the
new registered agent and/or the new registered offi	ce address:	
	NIA	
Name of New Registered Agent:		
	(Florida street	address)
New Registered Office Address:		21
		Florida 123
	(City)	, Florida
	(, ,	122
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered agent. I are	n familiar with and accept the oblig	ations of the position.
		3.6
_		<u> </u>
	Signature of New Registered Ager	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 X_Remove X_Add	PT John D V Mike J SV Sally S	<u>lones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add		~/4	
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 add (attach additional sh	ling additional A leets, if necessary)	rticles, enter change(s) here: (Be specific)	
10 - 10 -	TY -		

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

purposes within the mean	e organization, assets shall be distributed for one or more exempt ing of Section 501(c)(3) of the Internal Revenue Code, or corresponding ral tax code, or shall be distributed to the federal government, or to a , for a public purpose.
The date of each amendment(s) ad	option:, if other than
date this document was signed.	opnon.
Effective date if applicable:	
Effective date in applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a	dopted by the members and the number of votes east for the amendment(s)
was/were sufficient for approve	

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 4/10/21
Signature (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)
ELLIOT D. KOSTICK (Typed or printed name of person signing)
TREASORER DIRECTOR (Title of person signing)