N2000010413

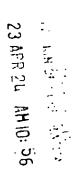
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COVER LETTER

TO: Amendment Section Division of Corporations

Robert Norton Four NAME OF CORPORATION:	ndation Corp		
N20000010413			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Isabel M Norton			
	(Name of Contact Po	rson)	
Robert Norton Foundation Corp			
	(Firm/ Company	·)	
15534 Lake Bella Vista Drive			
	(Address)		
Tampa, FL 33625			
	(City/ State and Zip (Code)	· ·
inortonlago@gmail.com			
E-mail address: (to be use	d for future annual rep	ort notification)
For further information concerning this matter, please	e call:		
Isabel Norton	at	217	390-3439
(Name of Contact Person	n)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida (Department of !	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section		eet Address lendment Secti	on
Division of Cornerations		icion of Corno	

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

Robert Norton Foundation Corp (Name of Corporation as currently filed with the Florida Dept. of State) N20000010413 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 office address: Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: , Florida (Zip Code) (City) 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.

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	PT John Do V Mike Jo SV Sally St	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>DIR</u>	Jaime A Lago Garcia	459 Ave of The Carolinas Carthage, NC 28327
2)ChangeAdd	DIR	Dr. Mayur Reshamwala	7130 Pelican Island Dr Tampa, FL 33634
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		cles, enter change(s) here: (Be specific)	

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The date of each amendment	(s) adaption: 04/18/2023				if other than the
date this document was signed	(a) adoption.	· · · · · · · · · · · · · · · · · · ·			_, if other than the
	04/18/2023				
Effective date <u>if applicable</u> :					
	(no more than 90	days after amend	ment file date)		
Note: If the date inserted in th	is block does not most the an	nlicable statutory	filing requirements	s this date will not b	ne listed as the
document's effective date on the	ne Department of State's reco	rds.	ming requirement	o, ano date # III HOLL	Jo Hotela ao tilo
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	04/18/2023
Signatur	c // subge/Corlox
	(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)
	other court appointed fiduciary by that fiduciary)