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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Frances Davis Foundation Incorporated	1
N20000010540 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	;
Victoria McKnight	
(Name of Contact	Person)
Frances Davis Foundation	
(Firm/ Compa	any)
4860 nw 177 ST	
(Address)	
Miami Gardens / Florida / 33055	
(City/ State and Z	ip Code)
francesdavisfoundation@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, please call:	
Victoria McKnight	305 331-5521
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florid	la Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee Certificate of Status Certified Copy (Additional copenctosed)	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

(Name of Corporation as currently filed with the Flo	orida Dent. of State)	
(orida izept. or otate,	
(Document	Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not F	For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
	 	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida Mice address:	a, enter the name of the
Name of New Registered Agent:		
		·
	<u> </u>	Florida street address)
<u>New Registered Office Address:</u>		•
	(City)	, Florida (Zip Code)
		Clin Cadal

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 Doc, 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			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additio ts, if nece	nal Articles, enter change(s) here: ssary). (Be specific)	
Purpose Clause:			
Frances Davis Foundation	ı is organ	ized exclusively for charitable, educational, and social	purposes, the
of distributions to organiz	ations wi	th similar missions in underserved communities.	
Dissolution Clause:			
Upon the dissolution of the	is organi	zation, assets shall be distributed for one or more exen	npt purposes

within the meaning of section 501(c)(3) of the Internal Revenue Code (Health Services: Educational a	nd
Literary purposes) for Miami Garde	ns; or corresponding section of any future federal tax code, or shall	l be
distributed to the federal governmen	it, or to a state or local government, for a public purpose.	
Any such assets not disposed of by	a court of competent jurisdiction in Miami-Dade county, exclusive	dy
for the purposes outlined, as said Co	ourt shall determine, which are organized and operated exclusively	for
such purposes.	10 Table 10	
		
		
		
		
		
		
The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	(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 coartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adwas/were sufficient for approva	opted by the members and the number of votes cast for the amend l.	ment(s)

adopted by the	board of directors.
Dated	4
Signati	
	(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 liduciary by that fiduciary)
	Victoria McKnight
	(Typed or printed name of person signing)