## N20000013272

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Y FOUNDATION, INC.		<del></del>	_
N20000013272 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.	-		_
Please return all correspondence concerning this ma	tter to the following:			
MICHAEL R. TORRES				
	(Name of Contact Perso	n)		_
PAAST, P.L.				
	(Firm/ Company)	···		
255 ALHAMBRA CIRCLE, SUITE #1100				
	(Address)			_
CORAL GABLES, FL 33134				
-	(City/ State and Zip Cod	e)		_
MTORRES@PAAST.COM			.: <b>~</b> 2	
E-mail address: (to be use	ed for future annual report	notification)	0221	— 
For further information concerning this matter, pleas	se call:		1022 DEC -6	RW A
MICHAEL R. TORRES	at			i 
(Name of Contact Perso	n) (A	rea Code) (Daytime Tel	ephone Number)	_ [_i
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee	~	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		

**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

THE JAY FAMILY FOUNDATION, INC.

(Name of Corporation as currently filed with the Flor	ida Dept. of State)		
N20000013272			
(Document N	umber of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit C	' <i>orporation</i> add	opts the following
A. If amending name, enter the new name of the corp	oration:		
NOT APPLICABLE			The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the a	bbreviation "C	orp," or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	NOT APPLICABLE		
Timipul Office dudiess <u>MOST BE A STREET ADDRE</u>	<u>:33</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE		
			700
			2 11
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered offi</li> </ol>	office address in Florida, enter the	name of the	6
	APPLICABLE		E
			දා - දා
New Registered Office Address:	(Florida street a	ddress)	9
		, Florida	
	(City)	(Zip Coo	le)
New Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept the obligation	tions of the pos	ition.
	Signature of New Registered Agent	, if changing	

and address of each Off (Attach additional sheets, Please note the officer/di P = President; V = Vice I	icer and/or Direc , if necessary) rector title by the j President; T= Trec = Chief Financial	first letter of the office title: isurer; S= Secretary; D= Director; TR= Tru Officer. If an officer/director holds more tha	estee; C = Chairman or Clerk; CEO = Chief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the corporation	n, Sally Smith is named the V and S. These si	PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,
Example: X Change X Remove X Add	PT         John D           V         Mike Je           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u>D</u>	GABRIEL DIAZ	8205 SW 56TH ST. MIAMI, FL 33155
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

\_\_\_\_ Remove

NOT APPLICABLE					
	·		<u> </u>		

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		<del></del> _
		<del></del>
		<del></del>
The date of each amendmendate this document was signed	nt(s) adoption: OCTOBER 12, 2022	_, if other than the
	ACTARER 12 2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in t document's effective date on	this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s)	

Dated	OCTOBER 12, 2022
Signa	(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)
	JONATHAN H. JAY