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COVER LETTER

TO: Amendment Section Division of Corporations

THE WILLIAM AND NAME OF CORPORATION:	D LUANN HOFFM	IAN FAMIILY	foundation, Inc.	
N20000014058 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matter	_			
KATALINA PENARANDA, ESQ.				
((Name of Contact F	Person)		
BOHATCH & PENARANDA, P.L.L.C.				
	(Firm/ Compan	y)		
7301 SW 57TH COURT, SUITE 560				
	(Address)			
SOUTH MIAMI, FL 33143				
(City/ State and Zip	Code)		_
KATALINA@BPTRUSTS.COM				
E-mail address: (to be used	for future annual re	port notificati	on)	_
For further information concerning this matter, please of	call:			
KATALINA PENARANDA, ESQ.	a	305 t	666-1040	
(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amount made pay	yable to the Florida	Department o	f State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & E Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Cert is Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	
Mailing Address Amendment Section		reet Address mendment Sec	etion	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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 WILLIAM AND LUANN HOFFMAN FAMILY FOUNDATION, INC.

Name of Corporation as currently filed with the Flo	orida Dept. of State)
	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 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 <u>"Company" or "Co." may not be used in the name</u> .	orporation" or "incorporated" 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)	X)
·	
D. If amending the registered agent and/or register	
new registered agent and/or the new registered of	office address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.	istered 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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	D	JOHN D. HOFFMAN	930 SANIBEL DRIVE HOLLYWOOD, FL 33019
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add Remove			
6) Change Add			
		onal Articles, enter change(s) here: essary). (Be specific)	

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	date of each amendment(s) ado this document was signed.	ption:	_, if other than the
Effe	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		(no more than 90 days after amendment file date)	
	e: If the date inserted in this blocument's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will not lartment of State's records.	oe listed as the
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	

Dated	Dec 14, 2023
Signat	Luan IM X Mass
	(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)
	LUANN M. HOFFMAN
	(Typed or printed name of person signing)

(Title of person signing)