N21000003604

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COVER LETTER

TO: Amendment Section Division of Corporations

Addition Financial Four	ndation, Inc.
NAME OF CORPORATION:	
DOCUMENT NUMBER: M21000003604	
The enclosed Articles of Amendment and fee are submitted	ted for filing.
Please return all correspondence concerning this matter to	o the following:
Jack E. Kiker, III, Esq.	
(N)	ame of Contact Person)
Williams, Gautier, Gwynn, DeLoach & Kiker, P.A.	
	(Firm/ Company)
2010 Delta Blvd.	
	(Address)
	(Addiess)
Tallahassee, Florida 32303	
(C	ity/ State and Zip Code)
IMaclaren@additionfi.com	
E-mail address: (to be used for	r future annual report notification)
For further information concerning this matter, please cal	n:
Jack E. Kiker, III, Esq.	386-3300
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ble to the Florida Department of State:
(S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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

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Articles of Amendment to Articles of Incorporation of

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. . . .

(Name of Corporation as currently filed with the F	torida Dept. of State)	
Addition Financial Foundation, Inc.		
(Documer	nt Number of Corporation (if kno	own)
Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the c	orporation:	
		The new
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	e: DRESS)	
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 registe	red office address in Florida, e	nter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent:		
_		
New Registered Office Address:	(Flori	ida street address)
		Clasida
-	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	pistored Agent: Lam familiar with and accept th	c abligations of the position.
- · · · · · · · · · · · · · · · · · · ·		
	Signature of New Register	ed Agent if chanving

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	nes	
Type of Action (Check One)	Title	Name	<u>Addręs</u> s
1) Change Add X Remove	<u>S</u>	Ngoc Dang, Thuy-Linh	Lake Mary, Florida 32746
2) Change	<u>s</u>	Rodriguez-Patterson, Nora	1000 Primera Blvd. Lake Mary, Florida 32746
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove O Change Add			
E. If amending or adding (attach additional sheet	g additional Arti is, if necessury).	cles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption: _______, if other than the date this document was signed.

document's effective date on the Department of State's records.

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)

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Effective date if applicable:

was/were sufficient for approval.

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

12 19 2032

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, of other court appointed fiduciary by that fiduciary)

Sa Muel 111. Nelson

(Typed or printed name of person signing)

Vice Presidon +
(Title of person signing)