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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Markus PAUL FOUNDATION, INC.	
DOCUMENT NUMBER: N2100004692	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DAVID HOLIMES (Name of Contact Person)	
MARKUS PAUL FOUNDATION, INC. (Firm/Company)	
365 Woldung Circle	<u>-</u> -
LAKE MARY, FL 32746 (City/ State and Zip Code)	
beckyme eyetov security, com E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
BECKY MARTIN (Name of Contact Person) at (407) 509-7879 (Area Code) (Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	;r)
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed)	
Mailing Address Street Address	

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 Articles of Incorporation

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	Articles of	Amendment		6
	1	to		400
		ncorporation of		
	•	O1		٠, ٠,
MARKUS PAUL FOUNDATION, INC.				<u> </u>
Name of Corporation as currently filed with the	: Florida Dept.	of State)		
N21000004692				<u> </u>
(Docum	ient Number of	Corporation (if)	(nown)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, th	is <i>Florida Not F</i>	or Profit Corpo	oration adopts the following
A. If amending name, enter the new name of the	e corporation:			
				The new
name must be distinguishable and contain the word	l "corporation"	or "incorporate	d" or the abbro	
"Company" or "Co," may not be used in the name	<u>c</u> .			,
				
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	IDIE: (DDRESS)			
in rancipus office dum oso income		<u></u> -		
C. Enter new mailing address, if applicable:	5.010			
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)			
		<u> </u>		_
	_			
D. If amending the registered agent and/or regi	istered office a	ddress in Florid	a, enter the na	me of the
new registered agent and/or the new register	red office addr	ess:		
Name of New Registered Agent:	David Holme	s 		
		Woldon	(Cival E	
		(M.DIAGOIO	Florida street addr	esz)
New Registered Office Address	<i>‡</i>			
	LAKE	MARI		Florida 32746
	(City)		Florida <u>32746</u> (Zip Code)
		_		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agei	Registered Age	<u>ent:</u> ar with and acce	nt the obligation	ns of the position.
I hereby accept the appointment as registered ages	u juinini	^		•
	£ (4	1 R 4	Stalma	Δ
-	Signa	ture of New Regi	istered Agent, if	Changing
	G	, 0		

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>V</u> <u>Mike</u>	Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change Add	7	John Glavin	365 WOLDOWN CIRCLE LAKE MARY, FL 32746
Remove 2)X Change Add	<u>P</u>	David Holmes	365 Woldown Circlé LAKE MAKY, FL 32746
Remove 3) Remove Add Remove	_ <i>D</i>	JAMES Glavin	4836 Heffield Civile Syraruse, NY 13215
4) X Change Add	VP	MICHAE WOICIK	7649 CEDAR ELM DRIVE IRVING, TX 75063
Remove 5)ChangeX_Add	<u>S</u>	BECKY MARTIN	365 Woldung (iecle LAKE MAKY, FL 32746
Remove 6)ChangeAdd			
(attach additional s	heets, if necessary	Articles, enter change(s) here: e). (Be specific)	
	1 A		

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The date of each amendment(s) adoption:date this document was signed.	NJA			, if other than the
Effective date if applicable:	re then OA dove	fter amendment file d		
Note: If the date inserted in this block does not r document's effective date on the Department of S	neet the applicabl State's records.	e statutory filing requ	irements, this date wil	I not be fisted as the

The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

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 10 6 2 3					
Signature Hudi Paul					
(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)					
HEIDI PAVL					
(Typed or printed name of person signing)					
INCORPORATOR DIRECTOR					
(Title of person signing)					