N21000006525

(Requestor's Name)
(Address)
(Address)
(1.001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
,
(Daywas N. Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



000367925210

06/14/21--01039--010 **35.00

07 /15 /2021 JH

2921 JUN 14 AH 5: 21

COVER LETTER

Division of Corporations The 15 FOR LIFE FOUNDATION, INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GREGORY KAUDUIT
(Name of Contact Person) The 15 For Life Foundation, INC 504 NEPLANTATION Rd Apt 4/301 5turr + FL 3499C (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: HNOROW KAVOVIT at 818 85 Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address

Amendment Section
Division of Corporations

TO: Amendment Section

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

Tallahassee, FL 32303

Articles of Amendment

A	tucaes of Amendanen	L	
Art	to ticles of Incorporatio	ın	· ·
Air	of	. `	
The 15 FOR L	IR FOUL	udations!	MINTENC
(Name of Corporation as currently filed with the Flori	da Dept. of State)		17 An 5:21
N2100	<u> 0000</u>	652	Discontinue de la company de l
(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 N	ot For Profit Corp	poration adopts the following
A. If amending name, enter the new name of the corp	oration:		
			The new
name must be distinguishable and contain the word "cort "Company" or "Co." may not be used in the name.	oration" or "incorpa	rated" or the abb	reviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
			
		·····	
es de la			-
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		rida, enter the na	ame of the
Name of New Registered Agent:			
		(Florida street add	lress)
New Registered Office Address:			
			. Florida
	(City)		(Zip Code)
	1 47		t and the second
New Registered Agent's Signature, if changing Registe	ered Agent:		
I hereby accept the appointment as registered agent. I at	m familiar with and a	veept the obligation	ons 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 = ChiefExecutive 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>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u> </u>	GREGORY KANOU.T	504 NE PLANTER A RETY
Remove 2) Change Add	_5	Geogory Kavarit	SEMR AS 15600
Remove 3) Y Change Add	_5_		SOY ME PROPERTION POR REPYSO STEIRS FL 34 OUT
Remove 4) Change Add	T	JACK KAVOVIL	JAMP RE REMAR
Remove Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary), (Be specific)	

•			

		·	
A117-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
			
-			
The date of each amendment(s) ad		7 7 1 2 1	
The date of each amendment(s) ad	option:	1,2001	, if other than the
date this document was signed.		(
date in 3 document was organic.			
Effective date if applicable:			
Ellective date il applicable.	(no more than 00 days	ifter amendment file date)	
	(no more man 40 days a	gier amenament jue aaiej	
Make 16th data incomed in this block	ale dans and most the smallestal	a statutom. Elina maninamenta thi	doto will not be listed as the
Note: If the date inserted in this bloc		e statutory thing requirements, the	s date will not be fisted as the
document's effective date on the Dep	ratument of State's records.		
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the l.	number of votes cast for the amer	ndment(s)

CMI

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 Three 7,2021
Signature And Clin Kilbirt
(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) ANDREW KAVOVIT
(Typed or printed name of person signing)
Boxidont
(Title of person signing)