# N23000007760

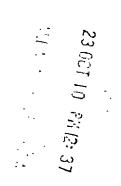
(Requ	uestor's Name)
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### **COVER LETTER**

TO: Amendment Section Division of Corporations				
GRAYES FO	OUNDATION INC			
NAME OF CORPORATION:				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for fili	ng.		
Please return all correspondence concerning the	nis matter to the follo	wing:		
	(Name of Co	ontact Person)		
	(Wallie W. Co	mace r crsony		
SMAART LLC				
	(Firm/ C	Company)		
8200 W 33RD AVE STE 8				
	(Add	iress)		
HIALEAH, FL 33018				
	(City/ State a	and Zip Code)		
ray@smaartcompany.com				
E-mail address: (to	be used for future ar	mual report notificati	on)	
For further information concerning this matter	r, please call:			
RADIEL DOMINGUEZ		305 at	764-6179	
(Name of Contac	i Person)	(Area Code	) (Daytime Telephone Number	er)
Enclosed is a check for the following amount	made payable to the	Florida Department c	of State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of		Copy Cert Il copy is Cert (Ad	50 Filing Fee ificate of Status ified Copy ditional Copy is	

### **Mailing Address**

Amendment Section Division of Corporations P.O. Box 6327

### Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

### Articles of Amendment to Articles of Incorporation of

GRAYES FOUNDATION INC		, ,
(Name of Corporation as currently filed with the Flor	ida Dept. of State)	
N22000007760		
(Document N	lumber of Corporatio	on (if known)
Pursuant to the provisions of section 617,1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida</i>	Not For Profit Corporation adopts the followin
A. If amending name, enter the new name of the corp	oration:	
name and the British of the Control		The new
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration or "incorp	porated" or the abbreviation "Corp." or "Inc."
R Enter now principal office address if and links		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
-	<del></del>	
C. Estamanum Mine III (C. 18-11)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered	office address in Fi	lorida, enter the name of the
new registered agent and/or the new registered off	ice address:	ississify the mane of the
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
	(Cuy)	(Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:	
hereby accept the appointment as registered agent. I at	n familiar with and a	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 Doc Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
L) Change Add	SV	JANAE DAMES PORSCHE	239 W 116TH ST 5C NEW YORK, NY 10026
Remove			
2) Change Add			
Remove 3) Add Add Remove		<u>-</u>	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	

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ate this document was signed.	
ffective date <u>if applicable</u> :	after amendment file date)
(no more than 90 days	after amendment file date)
fote: If the date inserted in this block does not meet the applical	ble statutory filing requirements, this date will not be listed as the
ocument'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)

was/were sufficient for approval.

(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)
Andre G Gray
(Typed or printed name of person signing)