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| To: | Division of Corporations Fax Number : (850)617-6380 | | 63 Y |
|--------|--|---------|------------|
| From: | Account Name : BRENNAN, MANN Account Number : I20040000104 Phone : (904)366-1500 Fax Number : (904)366-1501 | | JAH -7 PH |
| annua. | email address for this busines l report mailings. Enter only or sldobak@bmdllc.com Address: | | |
| CO | R AMND/RESTATE/CORRE RUBENSTEIN FAMILY FO | | |
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|-------------------------------|---|---|---|------------------------|--|-------------------------------|---------------|---------|
| | | | <u>COVER LETTER</u> | | (| ((H25000(| 007790-3) |))) |
| TO: Amendr Divisior | nent Section of Corporations | | | | | | | |
| NAME OF (| CORPORATION: | Rubenstein Family | Foundation Inc. | | | | | |
| DOCUMEN | | 2000014113 | | | | | | |
| The enclosed | Articles of Amend | ment and fee are su | bmitted for filing. | | | | | |
| Please return | all correspondence | concerning this ma | tter to the following: | | | | | |
| Michael A. S | Sneeringer, Esq. | | | | | | | |
| | | | (Name of Contact Perso | on) | <u>_</u> | | | |
| Brennan Mar | nna & Diamond, LL | .c | | | | | | |
| | | | (Firm/ Company) | | | i | | |
| 8891 Brighto | on Lane, Suite 112 | | | | | B . | 207 | |
| <u> </u> | | | (Address) | | | <u></u> | 25 JAN | •13 |
| Bonita Sprin | egs, Florida 34135 | | | | | · · · · | 1 | • |
| - <u></u> | | | (City/ State and Zip Cod | ie) | | | <u></u> | ء با |
| masneeringer | @bmdllc.com | | | | | ្រំ សូម ហ៊្លាស កាដ្ឋ | PH 2: | i |
| | E-mai | I address: (to be use | ed for future annual report | notificati | on) | | | |
| For further in | formation concernin | ng this matter, pleas | se call: | | | 1 | ' I | |
| Michael A. S | neeringer, Esq. | | | 16) | 294-4996 | | | |
| | (Nan | ne of Contact Perso | n) at (A | rea Code) |) (Daytime Tel | ephone Nun | ıber) | |
| Enclosed is a | check for the follow | ving amount made j | payable to the Florida Dep | artment o | of State: | | | |
| ∃ S: | - | 43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certi Certi (Add | 50 Filing Fee ificate of Status ified Copy litional Copy is losed) | | | |
| | Mailing Addre Amendment Sc | | | Address dment Sec | tion | | | |
| | Division of Cor P.O. Box 6327 Tallahassee, FL | rporations | Divisio The C 2415 I | on of Corp entre of | porations Tallahassee oe Street, Suite | 810 | | |

Fax: +13302531977

Rubenstein Family Foundation Inc.

From: BMD Fax

| Name of Corporation as currently filed with the Flo | ida Dept. of State) | |
|---|---|-----------------|
| N22000014113 | | |
| (Document) | umber of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation: | natutes, this Florida Not For Profit Corporation adopts | the following |
| A. If amending name, enter the new name of the cor | oration: | |
| James and Betty Rubenstein Family Foundation, Inc. | | The new |
| name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name. | poration" or "incorporated" or the abbreviation "Corp | or "Inc." |
| B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDI</u> | <u>N/A</u> | |
| | | |
| C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> | N/A | |
| | | |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered of | office address in Florida, enter the name of the | 2025 . Store |
| Name of New Registered Agent: N/A | | JAN - 7 |
| New Registered Office Address: | (7) (Florida street address) | |
| | ر به Florida (Ciny), Florida (Zip Code) | 2:47 |

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

To:

Fax: +18506176380

Articles of Amendment to Articles of Incorporation of

| From: BMD Fax | Fax. +13302531977 | To: | Fax: +18506176380 | Page: 4 of 6 | 01/07/2025 3:18 PM |
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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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add | <u>PT</u> <u>John D</u> V <u>Mike J</u> SV Sally S | ones | | |
|--|--|------------|--|--------------------------|
| <u>Type of Action</u> (Check One) | <u>Title</u> | Name | <u>Addres</u> s | |
| 1) Change Add | | <u>N/A</u> | | |
| Remove | | | | |
| 2) Change Add | | | | |
| 3) Remove Add Remove | | | | |
| 4) Change Add | | | : ;; ;; ;; ;; ;;; ;;;;;;;;;;;;;;;;;;;; | |
| Remove | | | | n <u>54</u> 5 a m |
| 5) Change Add | | | | |
| Remove | | | | |
| 6) Change Add | | | | |
| Remove | | | | |

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

| BMD Fax | Fax: +13302531977 | To: | Fax: +18506176380 | Page: 5 at 6 01/07/2025 (((H25000007790 3))) | 3:18 PM |
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| | | | | | |
| The date of e date this docu | each amendment(s) add ment was signed. | option: | | , if oth | er than t |
| Effective dat | e <u>if applicable</u> : | | days after amendment file da | | |
| | | | | | |
| <u>Note:</u> If the o document's e | date inserted in this bloc ffective date on the Dep | k does not meet the ap artment of State's reco | plicable statutory filing requir rds. | ements, this date will not be listed | as the |
| 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.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

2025 L, SKAUKAY Dated

To:

Roberste 14 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, or other court appointed fiduciary by that fiduciary)

Michael M. Rubenstein

(Typed or printed name of person signing)

Director

(Title of person signing)

Ö 1025 JAN -7 PH 2: 47 12.2.8