N22485

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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THE WALTER AN	D ADI BLUM FOUN		-
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
Mireille Makhoul			
	(Name of Contact P	erson)	
Murphy Reid, LI.P			
	(Firm/ Compan	y)	
11300 U.S. Highway One, Suite 401			
	(Address)		
Palm Beach Gardens, FL 33408			
	(City/ State and Zip	Code)	<u> </u>
mmakhoul@murphyreid.com			
E-mail address: (to be use	d for future annual rep	port notification)
For further information concerning this matter, please	e call:		
Mireille Makhoul	at	561	355-8800
(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida	Department of	State:
\$35 Filing Fee \$\Bigcias \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certifi s Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Address Amendment Section Division of Corporations	An	reet Address nendment Secti vision of Corpo	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE WALTER AND ADI BLUM FOUNDATION, INC.

(Name of Corporation as currently filed with the Flo	orida Dept. of State	<u>5</u>)		_
N 22485				
(Document	Number of Corpora	ition (if known)		_
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Floria	la Not For Profit C	orporation adopts the follow	/ing
A. If amending name, enter the new name of the con	rporation:			
			The n	
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "inc	orporated" or the a	bbreviation "Corp." or "Inc	. "
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADD				=
C. Enter new mailing address, if applicable:			=	> L
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			ф-
				ري ف-
				-
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		Florida, enter the	name of the	_
Name of New Registered Agent:				
		(Florida street d	address)	
New Registered Office Address:				
		· -	, Florida (Zip Code)	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		nd accept the obliga	tions of the position.	
	Signature of Ne	w Registered Agen	t, 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	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>vpasatd</u>	Norman Shaw	369 E Mount Pleasant Ave Livingston, NJ 07039
× Remove			
2) Change Add	vpasatd	Shaun E. Murphy	101 Woodsmuir Ct. Palm Beach Gardens, FL 33418
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
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·				
The date of each amendment(s) ad date this document was signed.	option:			, if other than the
Effective date if applicable:				
	(no more than 90 days afte	r amendment file date)		
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable s partment of State's records.	tatutory filing requirements	s, this date will not b	e listed as the
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 nu	imber of votes east for the	amendment(s)	

Dated	7/11/20
Signature	Sandra Sambil
ha	the chairman or vice chairman of the board, president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Sandra Gambill
	(Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were