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SECRETARY OF STATE TALLAHASSEE, FL

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: MAKY AND SHA	UN ZANGANEH FO 	UNDATION,	INC	
DOCUMENT NUMBER: N24000011234		<u> </u>		
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this mat	ter to the following:			
Emily Meyerhoff				
	(Name of Contact Po	erson)		
Manela & Company				
	(Firm/ Company	y)		SEC.
630 Wilshire Blvd, Ste 2030				SECRETARY OF S
	(Address)			H 22
Los Angeles, CA 90048				SSEE
	(City/ State and Zip	Code)		FLA
emily@manelaco.com				. <u>H</u>
E-mail address: (to be use	d for future annual rep	ort notification	n)	<del></del> -
For further information concerning this matter, pleas	e call;			
Emily Meyerhoff	at	323	607-9119	
(Name of Contact Person			(Daytime Telephon	e Number)
Enclosed is a check for the following amount made p	payable to the Florida	Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee ficate of Status fied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Di	reet Address nendment Sect vision of Corpo te Centre of T	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MAKY AND SHAUN ZANGANEH FOUNDATION, INC

(Name of Corporation as currently filed with the Florida N24000011234	Dept. of State)	<del></del>	
	nber of Corporation (if known	own)	
Pursuant to the provisions of section 617.1006, Florida Stattamendment(s) to its Articles of Incorporation:	ates, this <i>Florida Not For</i>	Profit Corporation adopts	the followin
A. If amending name, enter the new name of the corpor	ation:		
			The new
name must be distinguishable and contain the word "corpor" Company" or "Co." may not be used in the name.	ration" or "incorporated"	" or the abbreviation "Cor <sub>l</sub>	p." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES.	<u>s</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SECRETAR'
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent:	fice address in Florida, o	enter the name of the	HASSEE, FL
Name of New Registered Agent.		-	
New Registered Office Address:	(Flor	rida street address)	
	(City)	, Florida (Zip Code)	)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	ed Agent: familiar with and accept to	he obligations of the position	on.
·	Signature of New Register	red 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: XChange X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			2024 SE
Remove 3) Change Add Remove			SECRETARY TALLAHAS
4) Change Add			PH 5: 33
Remove			- TH 3
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
Adding Additional Article	e: Article VIII	<del></del>	
This corporation is a Non	profit Public Bene	fit Corporation and is not organized for the pr	ivate gain of any person. It is
organized under the Nonr	orofit Public Benef	it Corporation Law for charitable purposes. Th	nis corporation is organized and
operated exclusively for t	he purposes set for	rth within the meaning of Internal Revenue Co	ode section 501(c)(3).
The property of this corne	aration is irrevocab	aly dedicated to the numbers set forth berein a	and no part of the net income or

private person.	
Upon the dissolution or winding up of this corporation, its assets remaining after payment, or pro-	vision for payment, of all
debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation or corp	oration which is organized
and operated exclusively for charitable, educational and/or religious purposes and which has estab	blished its tax-exempt status
under Internal Revenue Code section 501(c)(3).	<u></u>
	2024
	TALL
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	733 FL
The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

Adoption of Amendment(s)

was/were sufficient for approval.

	There are no memb adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.
	Dated _	October 8, 2024
	I	By the phairman or vice-mairman of the hoard, 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)
	,	President
		(Typed or printed name of person signing)
		Mahkam Zanganch
		(Title of person signing)

2024 NOV 13 PM 5: 33
SECRETARY OF STATE
TALLAHASSEE, FL