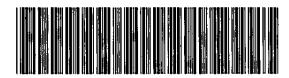


(Re	equestor's Name)	
(Ad	dress)	
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 04 2016

R. WHILE

## COYER LETTER

TO: Amendment Section Division of Corporations

•			
NAME OF CORPO	RATION: Schatz Family For	undation Inc.	
DOCUMENT NUMI			
	of Amendment and fee are su	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Genna Rubolino		
		Name of Contact Person	n
	c/o Proskauer Rose LLP		
	<del></del>	Firm/ Company	
	2255 Glades Road, Suite 42	IA	
		Address	
	Boca Raton, FL 33431		
		City/ State and Zip Cod	e
grube	olino@proskauer.com		
	<del></del>	sed for future annual report	notification)
	E-man address. (to be u	sed for future annual report	nonneation)
For further information	n concerning this matter, pleas	se call:	
Genna Rubolino		st (561	995-4773
Name o	of Contact Person	Area Co	) 995-4773 de & Daytime Telephone Number
Enclosed is a check to	r the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mai</u>	ling Address	Street	Address
Amendment Section		Amend	lment Section
	Division of Corporations Division of Corporations		
	Box 6327		Building
Talla	ahassee, FL 32314	<b>266</b> 1 E	xecutive Center Circle

Tallahassee, FL 32301

FILED

## 16 HAR 28 PH 12: 40

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE TALLAHASSEE FLORIBA

Schatz Family Foundation Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
N34879	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	21200 Point Place, Unit 1203
(Principal office address MUST BE A STREET ADDRESS)	Aventura, FL 33180
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	21200 Point Place, Unit 1203
	Aventura, FL 33180
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	rtreet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
t nervey decept the appointment as registered agent. I am juitina	with and thereps the obligations by 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	Pres	Adrienne Schatz	21200 Point Place, Unit 1203
Add			Aventura, FL 33180
Remove			
2) Change	¥ <del>===</del>		
Add			
Remove			
3 ) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Ramova			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
N/A	(20 3)509,009	
		<u>-</u>
		<del></del>
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
N/A		

The date of each amendmen date this document was signed		, if other than the
•	 April 1, 2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this do	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment (ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	ent
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and sharehold re adopted by the incorporators without shareholder action and shareholder	ет
action was not required.  Dated	lar 21-16	
Si	by a director, president or other officer of directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	Adrienne Schatzehne Schatz (Typed or printed name of person signing)	
	President and Tresurer	
	(Title of person signing)	