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(R	equestor's Name)	
(Å	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
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SECRETARY OF STAFE ON OF JCORPORATIONS

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: THE KISLAK FAMILY FUND, INC.
DOCUMENT NUMBER: N47502
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHRISTY COMPLO
(Name of Contact Person)
J.I. KISLAK, INC.
(Firm/ Company)
7900 MIAMI LAKES DRIVE WEST
(Address)
MANUAL ARTO THOURS ARE
MIAMI LAKES, FLORIDA 33016 (City/ State and Zip Code)
(Only) State and Elip Code)
CCOMPLO@KISLAK.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHRISTY COMPLO at (305) 364-4101 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(currently filed with the Florida		2
N47502			
(Document Number	of Corporation (if known)		
rsuant to the provisions of section 617.1006, Flor llowing amendment(s) to its Articles of Incorpora		r Profit Corpo	ration adopts the
If amending name, enter the new name of the	corporation:		
HE KISLAK FAMILY FOUNDATION, INC.			
e new name must be distinguishable and contain		rporated" or t	the abbreviation
Corp." or " Inc." <u>"Company" or "Co." may not i</u>	<u>be used in the name</u> .		
Enter new principal office address, if applical	ble:		
rincipal office address <u>MUST BE A STREET A</u>			
Enter new mailing address if applicables			Ċ
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	B <i>OX</i>)		
· · · · · · · · · · · · · · · · · · ·			
	 		
If amending the registered agent and/or registered agent and/or the new registered		enter the nam	ie of the
new registered agent and/or the new registere	tu omet address.		
Name of New Registered Agent:			
	(Florida street address)		
ew Registered Office Address:			
		, Florida _	
			(Zip Code)
	(City)		(Zip Coae)
ew Registered Agent's Signature, if changing R			(Zip Code)

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	neet.)	Name		Address	
1)	-				<u> </u>
2)	-		- 		<u> </u>
3)	•		 		
4)	-		<u> </u>		<u> </u>
5)	-				<u> </u>
6)			- -		
If REMOV	ING an officer	and/or director, please list the	title(s) and	name of the officer/director to be rem	oved:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>	
1)			4)		
2)			5)		
2)					

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)			
(anticent dualitional streets, if necessary).	(Be speedie)			
				
			, ,	
	 			
				.
			 	
				

The date of each amendment(s) adoption:				
Effe	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)			
Ado	option of Amendment(s) (CHECK ONE)			
Ø	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.			
	Dated 11 29 2011 Signature			
	(By the mairman 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)			
	THOMAS BARTELMO			
	(Typed or printed name of person signing)			
	TREASURER			
	(Title of person signing)			

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