

1793 00001140

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000169104 3)))



H240001691043ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : THERREL BAISDEN, LLP  
Account Number : I20140000065  
Phone : (305)371-5758  
Fax Number : (305)371-3178

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Mtkasner@therrelbaisten.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SYMBIOSIS FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: A3B7DBC5-F91F-417A-B781-38F24D68806C

COVER LETTERTO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SYMBIOSIS FOUNDATION, INC.

DOCUMENT NUMBER: N93000001140

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK M. HASNER, ESQ.

(Name of Contact Person)

THERREL BAISDEN, LLP

(Firm/ Company)

1 SE 3RD AVENUE, STE 2950

(Address)

MIAMI, FL 33131

(City/ State and Zip Code)

MHASNER@THERRELBAISDEN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK M. HASNER, ESQ.

305

371-5758

(Name of Contact Person)

at

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2024 MAY -9 AM 8:25

FILED

HARRYSHHELL MIRANDA

DocuSign Envelope ID: A3B7DBC5-F91F-417A-B781-38F24D68908C

Articles of Amendment  
to  
Articles of Incorporation  
of

SYMBIOSIS FOUNDATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N93000001140

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)


Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Digitally signed by



Signature of New Registered Agent, if changing

2024 MAY -9 AM 8:25

FILED

DocuSign Envelope ID: A3B7DBC5-F91F-417A-B781-38F24D68906C

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:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change  
☒ Add

D

Killian Kevin Smith

570 Arvida Parkway

Coral Gables, FL 33156

☐ Remove

2) ☐ Change  
☒ Add

D

Katherine Victoria Smith

570 Arvida Parkway

Coral Gables, FL 33156

☐ Remove

3) ☐ Change  
☐ Add

☐ Remove

4) ☐ Change  
☐ Add

☐ Remove

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)

2024 MAY -9 AM 8:25

FILED

FILED  
MAY 9 2024  
CLERK OF COURT  
CORAL GABLES, FL

DocuSign Envelope ID: A3B7DBC5-F91F-417A-B781-38F24D68906C

FILED

2024 MAY -9 AM 8:25

The date of each amendment(s) adoption: May 7, 2024, if other than the date this document was signed.

Effective date if applicable: May 7, 2024  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

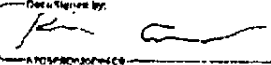
Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

DocuSign Envelope ID: A3B7DBC5-F91F-417A-B781-38F24D88908C

- ☐ 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 5/8/2024

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)

Kimberly Smith

(Type or printed name of person signing)

Director

(Title of person signing)

FILED

2024 MAY -9 AM 8:25

TALLAHASSEE, FL

4340001691043