

N93 000005778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

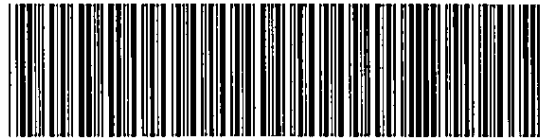
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SARASOTA COUNTY FLORIDA

Handwritten signature

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WALTER AND EDITH LOEBENBERG FAMILY FOUNDATION, IN

DOCUMENT NUMBER: N93000005778

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

Please return all correspondence concerning this matter to the following:

DAVID A. LOEBENBERG

Name of Contact Person

WALTER AND EDITH LOEBENBERG FAMILY FOUNDATION, INC.

Firm/ Company

6529 CENTRAL AVENUE

Address

ST. PETERBURG, FL 33710

City/ State and Zip Code

TICITAVI @ AOL.COM

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

For further information concerning this matter, please call:

DAVID A. LOEBENBERG

Name of Contact Person

at (727) 347-8900

Area Code & Daytime Telephone Number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2017

DAVID LOEBENBERG
6529 CENTRAL AVENUE
ST PETERSBURG, FL 33710

SUBJECT: WALTER AND EDITH LOEBENBERG FAMILY FOUNDATION, INC.
Ref. Number: N93000005778

We have received your document for WALTER AND EDITH LOEBENBERG FAMILY FOUNDATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 017A00000224



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2017

DAVID LOEBENBERG
6529 CENTRAL AVENUE
ST PETERSBURG, FL 33710

SUBJECT: WALTER AND EDITH LOEBENBERG FAMILY FOUNDATION, INC.
Ref. Number: N93000005778

We have received your document for WALTER AND EDITH LOEBENBERG FAMILY FOUNDATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 017A00000224

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Walter and Edith Loebenberg Family Foundation

DOCUMENT NUMBER: N93000005778

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

Please return all correspondence concerning this matter to the following:

David Loebenberg
(Name of Contact Person)

Walter and Edith Loebenberg Family Foundation
(Firm/Company)

6529 Central Ave St. Petersburg, FL 33710
(Address)

St. Petersburg, Florida 33710
(City/State and Zip Code)

tricitavi@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Loebenberg at 727 347 8900
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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

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

RECEIVED
17 FEB 16 PM 1:10

Articles of Amendment
to
Articles of Incorporation
of

Walter AND Edith Loebenberg Family Foundation, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N93000005778

(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)

6529 Central Ave.
St. Petersburg, FL 33710

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6529 Central Ave.
St. Petersburg, FL 33710

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: David A. Loebenberg
6529 Central Ave
(Florida street address)

New Registered Office Address: St. Petersburg, Florida 33710
(City) (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.

David
Signature of New Registered Agent, if changing

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2011 FEB 16 PM 2:05
STATE OF FLORIDA
SECRETARY OF STATE

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S.T.D.</u>	<u>Darce J Snyder</u>	<u>6529 Central Ave</u> <u>St. Petersburg FL 33710</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>David A Loeberberg</u>	<u>6529 Central Ave</u> <u>St. Petersburg, FL 33710</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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

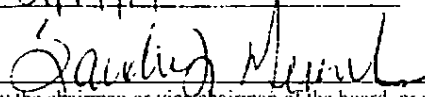
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.
- 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 2/14/17

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)

Sandra L. Mermelstein
(Typed or printed name of person signing)

President
(Title of person signing)