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COR AMND/RESTATE/CORRECT OR O/D RESIGN SAM W. KLEIN CHARITABLE FOUNDATION, INC.

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October 30, 2019

FLORIDA DEPARTMENT OF STATE

SAM W. KLEIN CHARITABLE FOUNDATION, INC. 21301 POWERLINE ROAD SUITE 204

BOCA RATON, FL 33433.

SUBJECT: SAM W. KLEIN CHARITABLE FOUNDATION, INC.

REF: N94000003636

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to check what action to take in #2 and #3 for the officer/director listed on the form.

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

Æ.

Irene Albritton Regulatory Specialist II FAX Aud. #: H19000319147 Letter Number: 719A00022375

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment fo Articles of Incorporation of

(Name of Corporation as cur	rently filed with t	he Florida Dept. of State)	
N94000003636			
(Document Nu	mber of Corporation	on (if known)	
oursnant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:	tutes, this <i>Florida</i> i	Not For Profit Corporution	adopts the following
. If amending name, enter the new name of the corpor	ration:		
ame must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	pration" or "incorp	porated" or the abbreviation	The new "Corp." or "Inc."
B. Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u>。</u>		
•	·		7
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
	-		=
			
		<u> </u>	
If nmending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Flo address:	orlda, enter the name of th	<u>e</u> '
Name of New Registered Agent:			·
New Registered Office Address:		(Florida street address)	·
	(Clty)	Florida Zip	1 Code)
w Registered Agent's Signature, if changing Registere ereby accept the appointment as registered agent. I am f	d Agent: amiliar with and ac	· ·	
	Signature of New R	Registered Agent, if changing	g

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H19000319147

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 manuer. 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: X_Change X_Remove X_Add	<u>V</u> <u>M</u>	hn Doe ike Jones Illy Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
t)Change	<u>P</u>	Michael Klein	7491 North Federal Highway
X Add			Suite C-5245
Remove			Boca Raton, Fl 33487
2) Change	<u>v</u>	Richard Finkelstein	500 NF. Spanish River Rd
X_ Add			Suite 108
Remove			Boca Raton, Fl 33487
3) Change	ST	William P. McCurry	21301 Powerline Road
_ <u>X_</u>			Suite 204
Remove		•	Boca Raton, Fl 33433
4) X Change	D	Michael Klein	7491 North Federal Highway
Add			Suite C-5245
Remove	•		Boca Raton, Fl 33487
5) X Change	D	Richard Finkelstein	500 NE Spanish River Rd
Add			Suite 108
Remove			Boca Raton, Fl 33487
6) Change			
Add			•
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Ba specific)
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The date of each amendment(s) a date this document was signed.	adoption:, if other than the
and anglica.	
Effective date if applicable;	
	(no more than 90 days after amendment file date)
Note: If the date hiserted in this bl document's effective date on the Da	Ack does not a seed of the co
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were pa was/were sufficient for approve	dopted by the members and the number of votes east for the amendment(s)
There are no members or ment adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were
Dated 10/24/2019	
Signature	hal Ille
	oran or vice chairman of the board, president or other officer-if directors a selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
Michael K	leln
	(Typed or printed name of person signing)
Director	•
	(Title of person signing)

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