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: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

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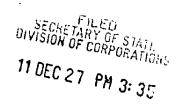
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			
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COR AMND/RESTATE/CORRECT OR O/D RESIGN THE ROBERT AND LYNNE GROSSMAN FAMILY FOUNDATION, INC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$35.00

12/27/11 1:49 PM



Articles of Amendment to Articles of Incorporation of

THE ROBERT AND LYNNE GROSSMAN FAMILY FOUNDATION, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N95000005191	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporatio</i> following amendment(s) to its Articles of Incorporation:	ion adopts the
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 a "Corp." or "Inc." "Company" or "Co." may not be used in the name.	abbreviation
B. Enter new principal office address, if applicable:	•
(Principal office address MUST BE A STREET ADDRESS)	
	·- <u>-</u>
•	
	·····
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 new registered agent and/or the new registered office address:	<u>f the</u>
Name of New Registered Agent:	
New Registered Office Address:	
, Florida	
(City) (Zi	(ip Code)
· ·	
<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of th	he position
Signature of New Registered Agent, If changing	

the record to be	. Please indicate the little(a), name on Index up to 6 officers/directors.	nd address for each officer/dir	ector.
additional sheet., Title(s)	Name	Add	C855
n <u>Director</u>	Robert Grossman	PO Box 780 Remsenburg, I	
2)Director	Lynne Grossman	PO Box 780	NY 11960
3)Director	Alison Flormen	PO Box 780 Remsenburg	NY 11960
4)			
5)			
6)			
<u>IL REMOVING</u>	an officer and/or director, please !	st the title(s) and name of the	officer/director to be removed:
Title(8)	Name	Title(s) Name	:
1)Director	Ethan Grossman	4)	
2)		5)	
3)	_	6)	

E.	L. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
	(miden duditional ships, if necessary).	(De specific)	
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The date of each amendment(s) ado	ption: December 1, 2011
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes east for the amendment(s)
There are no members or members adopted by the board of directors	rs entitled to vote on the amendment(s). The amendment(s) was/were
Dated Signature	12/1/2011 12/1/2011
(By the chairm have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator — if in the hands of a receiver, trustce, or pointed fiduciary by that fiduciary)
	Robert Grossman
	(yped or printed name of person signing)
	Director
	(Title of person signing)

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