## N96 00000 1209

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## **COVER LETTER**

ŧ **Division of Corporations** NAME OF CORPORATION: NFFRFA DOUG MILHE Schiptur Tu N 9600000 1209 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) Dog Milve Scholneship Fund IVe.
(Firm/Company) BRANDYDUK TRAIL
(Address) Jacksonville, FL 3223
(City/State and Zip Code) MCNAMARA @ COOL FOODS NORTH FLORIDA. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (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 & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address

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

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment

Articles of Amendment to
Articles of Incorporation of

NFFRFA - Doug MILN	1- Scholarstip town INC
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
N.96000001209	
(Document i	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "con "Company" or "Co." may not be used in the name.	rporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	(ESS) 1112 PAWNER PLACE
·	ST Johns FL 3225
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	SAME AS Above
	202
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent:	Tim F McNAMARA
	1112 PAWNER PLACE [Florida street address)
New Registered Office Address:	(Pitoriaa street auaress)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I de-	tered Agent: am familiar with and accept the obligations of the position.
	Lim 7 molanura
	Signature of New Registered Agent, if changing

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: X Change X Remove X Add	PT         John D           V         Mike J           SV         Sally S	ones 100	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
Remove			
2) Change Add	<del></del>		
Remove 3) Change Add Remove	<u></u>	<del>,,,</del>	
4) Change Add			
Remove			
5) Change Add	<del></del>		
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		ticles, enter change(s) here: (Be specific)	
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	W/A
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The date of each amendment(s) adoption	1:, 1
date this document was signed.	1
Effective data if applicables	9/&
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not 'ent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
	1 .1
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)

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

Dated

(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)

(Typed or printed name of person signing)

Director

(Title of person signing)