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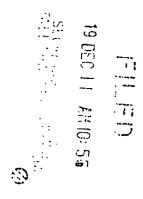
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: THE TILLIE, JENNIE AND HOROLD SCHWARTZ FOUNDAT	ion, inc.
DOCUMENT NUMBER: N9600003185	_
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Erik A(royo (Name of Contact Person)	_
Band Catts and Dramis (Firm/Company)	_
2070 Aingling Blud	_
SCUCISOTA, FL 34237 (City/ State and Zip Code)	-
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
(Name of Contact Person) at 941 306 8010 (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)	
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Tillie Servic and I		huartz Fourdation, inc.	<u>. </u>
N916000003	185		
(Document Number		(if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Ne</i>	ot For Profit Corporation adopts the foll	owing
A. If amending name, enter the new name of the corporation	où:		
			e new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorpo	rated" or the abbreviation "Corp. or	Inc.
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		7 2	
		9	
		_ 	
C. Enter new mailing address, if applicable:		3 2	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			<u> </u>
			1 i
		: 🙃	ر
D. If amending the registered agent and/or registered offic	e address in Flo		
new registered agent and/or the new registered office ac	ldress:		
Name of New Registered Agent		-	
		- 12	
New Registered Office Address:		(Florida street address)	
<u> </u>		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered. Thereby accept the appointment as registered agent. I am fail	Agent: miliar with and a	ccept the obligations of the position.	
	material of New 1	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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DS	Gary Landsman	1991 Main Street Box 183
Add			Sarasota, FL 34236
X Remove			
2) Change	DV	Steven C. Band	1991 Main Street, Suite 283
Add			Sarasota, FL 34236
X Remove			- 14800-
3) Change	DS	George Dramis	2070 Ringling Blvd :
X Add			Sarasota, FL 34237
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) ad late this document was signed.	doption:	, if other than the
Effective date if applicable:		
THE COLUMN TO SAFETY AND THE COLUMN TO SAFETY	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will no partment of State's records.	t be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes east for the amendment(s) al.	
There are no members or mem adopted by the board of direct	ors.	
Dated	12/10/19/	
Signature		<u>.</u>
have not be	rman or vice chairman of the board, president or other officer-if directors ren selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that (iduciary)	19
	CHAD GATES	1 330 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Typed or printed name of person signing)	7020 2 77
	DIRECTOR	35 O 35
	(Title of person signing)	61