N9600006305

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• TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	FOUNDATION INC			
N96000006305 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee	are submitted for filing.		Into oct 15	
Please return all correspondence concerning th	is matter to the following	eg:		
DONALD R MANDICH				
	(Name of Conta	ict Person)	44-74-1	
	(Firm/ Con	npany)		
1675 CYPRESS ROW DRIVE				
	(Addre	ss)		
WEST PALM BEACH, FLORIDA, 33411				
	(City/ State and	Zip Code)		
drmandich@aol.com				
E-mail address: (to	be used for future annu-	al report notificati	on)	
For further information concerning this matter.	, please call:			
DONALD R MANDICH		561 at	792 9774	
(Name of Contact	Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount r	nade payable to the Flor	rida Department o	f State:	
□ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & \$43.75 Filing Status Certified Cop (Additional conclosed)	y Cert opy is Cert (Ad	.50 Filing Fee ificate of Status ified Copy ditional Copy is closed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Ser Division of Cor Clifton Building	ction porations	

2661 Executive Center Circle Tallahassee, FL 32301

COVER LETTER

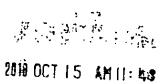
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	KIRKWOOD FOUN	IDATION INC	, , , , , , , , , , , , , , , , , , , 		8
DOCUMENT NUMBER:	N96000006305				ĺ
The enclosed Articles of An	rendment and fee are subm	nitted for filing.			· · · · · · · · · · · · · · · · · · ·
Please return all corresponde	ence concerning this matte	er to the following:			
DONALD R MANDICH					
		(Name of Contact	Person)		
	.,	(Firm/ Compa	ny)		· <u>·····</u>
1675 CYPRESS ROW D	RIVE				
		(Address)			
WEST PALM BEACH, FL	ORIDA, 33411				
		(City/ State and Zip	Code)		
drmandich@aol.com					
E	-mail address: (to be used	for future annual r	eport notification	on)	
For further information conc	eerning this matter, please	call:			
DONALD R MANDICH			561 at	792 9774	
	(Name of Contact Person))	(Area Code)	(Daytime Telephone N	umber)
Enclosed is a check for the f	following amount made pa	yable to the Florida	Department of	State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certi r is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)	
Division o	nt Section of Corporations	Ā	treet Address mendment Sec Division of Corp	orations	
P.O. Box	0327	· ·	lifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



KIRKWOOD FOUNDATION INC

	currently filed with the Flor	rida Dept. of State)
N9600006305		
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
	***	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD)</u>	RESS)	
	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	ý	
		
	····	
D. If amending the registered agent and/or registere	ed office address in Florida.	enter the same of the
new registered agent and/or the new registered o	ffice address:	The state of the s
Name of New Registered Agent:		
	(F)	lorida street addressi
New Registered Office Address:		,,,
		, Florida
-	(City)	(Zip Code)
Now Posistanad Agantle Simustana (Sakara 1992)		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent.	stered Agent: am familiar with and accent	the obligations of the position
		ngarian ey in- pountain
	Signature of New Regist	tered 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 Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
X Change	PTSTR	MANDICH, DONALD R	1675 CYPRESS ROW DRIVE
Add			W. PALM BEACH, FL 33411
Remove			
2) X Change	TR	MANDICH, GEORGIA W	1675 CYPRESS ROW DRIVE
Add			W. PALM BEACH, FL 33411
Remove			
3) Change			
Add Remove			
Change			
Add Remove			
			
Change			
Remove			
Change			
Add			
Remove			

itiach additional shee	. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
						
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	OCTOBER 4, 2018	
The date of each amendment(s) adop date this document was signed.	tion;	, if other than the
OCTOI Effective date if applicable:	BER 4, 2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not ment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop was/were sufficient for approval.	sted by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
OCTOBER 4 Dated	. 2018	
Signature	Daron	
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, trustee, or pointed fiduciary by that fiduciary)	
DONALD I	R MANDICH	
	(Typed or printed name of person signing)	
PRESIDE	NT	
	(Title of person signing)	