

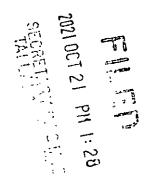
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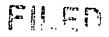
## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	Global Foundation USA,	Inc.	
DOCUMENT NUMBER:		- <del></del>	
The enclosed Articles of Amendment and fee a	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following	g:	
Robert Reynolds			
	(Name of Contac	t Person)	
Conroy Baran, LLC			
	(Firm/ Comp	pany)	
1316 St. Louis Ave			
	(Address	)	
Kansas City, MO 64101			
	(City/ State and 2	Lip Code)	
E-mail address: (10	be used for future annual	report notification	on)
For further information concerning this matter.	please call:		
Robert Reynolds		417	496-2467
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Flori	da Department o	f State:
■ \$35 Filing Fee □\$43.75 Filing F  Certificate of S		Certi by is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section		Street Address Amendment Sec	tion

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of



Trustbridge Global Foundation USA, Inc.

2021 OCT 21 PM 1: 28

(Name of Corporation as currently filed with the Flo	
	SECRETARY OF STATE
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(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 co	rporation:
Givers Legacy Foundation, Inc.	The nev
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A
D. If amending the registered agent and/or registere	
new registered agent and/or the new registered o	office address:
Name of New Registered Agent:	<u> </u>
	(Florida street address)
New Registered Office Address:	
	, Florida
	. Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
<del></del>	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: XChange X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add		NIA	
Remove			
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add		<del></del>	
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: ssary). (Be specific)	
	IA		

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	<del></del> .	
The date of each amendment(s) adopt date this document was signed.	tion:	_, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will not tment of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast 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 October 14, 2021
Signature RHU
(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)
Robert Collins
(Typed or printed name of person signing)
President
(Title of person signing)