

Division of Corporations

Page 1 of 2

N9900001563

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000262902 3)))



H170002629023ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BRINKLEY, MORGAN
Account Number : 076077003213
Phone : (954) 522-2200
Fax Number : (954) 522-9123

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT -5 PM 12:29

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ELIZABETH FRIEDMAN O'CONNOR FAMILY FOUNDATION, INC.**

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

OCT 06 2017

S. YOUNG
Help

Electronic Filing Menu

Corporate Filing Menu

H17000262902 3

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ELIZABETH FRIEDMAN O'CONNOR FAMILY FOUNDATION, INC.

DOCUMENT NUMBER: N99000001563

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL P.J. O'CONNOR

(Name of Contact Person)

(Firm/ Company)

730 ISLE OF PALMS DRIVE

(Address)

FORT LAUDERDALE, FL 33301

(City/ State and Zip Code)

daniel.oconnor@brinkleymorgan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL P.J. O'CONNOR

954

522-2200

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|--|--|--|--|

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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H17000262902 3

H17000262902 3

Articles of Amendment
to
Articles of Incorporation
of

ELIZABETH FRIEDMAN O'CONNOR FAMILY FOUNDATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N99000001563

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ELIZABETH & DANIEL O'CONNOR FAMILY FOUNDATION, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 the new registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City) _____, Florida
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

H17000262902 3

FILED
OCT -5 PM 12:29
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

H17000262902 3

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Elizabeth Friedman O'Connor</u>	<u>730 ISLE OF PALMS DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>FORT LAUDERDALE, FL 33301</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

H17000262902 3

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

1. Introduction
 2. Background
 3. Methodology
 4. Results
 5. Discussion
 6. Conclusion
 7. References
 8. Appendix
 9. Figure 1
 10. Figure 2
 11. Figure 3
 12. Figure 4
 13. Figure 5
 14. Figure 6
 15. Figure 7
 16. Figure 8
 17. Figure 9
 18. Figure 10
 19. Figure 11
 20. Figure 12
 21. Figure 13
 22. Figure 14
 23. Figure 15
 24. Figure 16
 25. Figure 17
 26. Figure 18
 27. Figure 19
 28. Figure 20
 29. Figure 21
 30. Figure 22
 31. Figure 23
 32. Figure 24
 33. Figure 25
 34. Figure 26
 35. Figure 27
 36. Figure 28
 37. Figure 29
 38. Figure 30
 39. Figure 31
 40. Figure 32
 41. Figure 33
 42. Figure 34
 43. Figure 35
 44. Figure 36
 45. Figure 37
 46. Figure 38
 47. Figure 39
 48. Figure 40
 49. Figure 41
 50. Figure 42
 51. Figure 43
 52. Figure 44
 53. Figure 45
 54. Figure 46
 55. Figure 47
 56. Figure 48
 57. Figure 49
 58. Figure 50
 59. Figure 51
 60. Figure 52
 61. Figure 53
 62. Figure 54
 63. Figure 55
 64. Figure 56
 65. Figure 57
 66. Figure 58
 67. Figure 59
 68. Figure 60
 69. Figure 61
 70. Figure 62
 71. Figure 63
 72. Figure 64
 73. Figure 65
 74. Figure 66
 75. Figure 67
 76. Figure 68
 77. Figure 69
 78. Figure 70
 79. Figure 71
 80. Figure 72
 81. Figure 73
 82. Figure 74
 83. Figure 75
 84. Figure 76
 85. Figure 77
 86. Figure 78
 87. Figure 79
 88. Figure 80
 89. Figure 81
 90. Figure 82
 91. Figure 83
 92. Figure 84
 93. Figure 85
 94. Figure 86
 95. Figure 87
 96. Figure 88
 97. Figure 89
 98. Figure 90
 99. Figure 91
 100. Figure 92
 101. Figure 93
 102. Figure 94
 103. Figure 95
 104. Figure 96
 105. Figure 97
 106. Figure 98
 107. Figure 99
 108. Figure 100
 109. Figure 101
 110. Figure 102
 111. Figure 103
 112. Figure 104
 113. Figure 105
 114. Figure 106
 115. Figure 107
 116. Figure 108
 117. Figure 109
 118. Figure 110
 119. Figure 111
 120. Figure 112
 121. Figure 113
 122. Figure 114
 123. Figure 115
 124. Figure 116
 125. Figure 117
 126. Figure 118
 127. Figure 119
 128. Figure 120
 129. Figure 121
 130. Figure 122
 131. Figure 123
 132. Figure 124
 133. Figure 125
 134. Figure 126
 135. Figure 127
 136. Figure 128
 137. Figure 129
 138. Figure 130
 139. Figure 131
 140. Figure 132
 141. Figure 133
 142. Figure 134
 143. Figure 135
 144. Figure 136
 145. Figure 137
 146. Figure 138
 147. Figure 139
 148. Figure 140
 149. Figure 141
 150. Figure 142
 151. Figure 143
 152. Figure 144
 153. Figure 145
 154. Figure 146
 155. Figure 147
 156. Figure 148
 157. Figure 149
 158. Figure 150
 159. Figure 151
 160. Figure 152
 161. Figure 153
 162. Figure 154
 163. Figure 155
 164. Figure 156
 165. Figure 157
 166. Figure 158
 167. Figure 159
 168. Figure 160
 169. Figure 161
 170. Figure 162
 171. Figure 163
 172. Figure 164
 173. Figure 165
 174. Figure 166
 175. Figure 167
 176. Figure 168
 177. Figure 169
 178. Figure 170
 179. Figure 171
 180. Figure 172
 181. Figure 173
 182. Figure 174
 183. Figure 175
 184. Figure 176
 185. Figure 177
 186. Figure 178
 187. Figure 179
 188. Figure 180
 189. Figure 181
 190. Figure 182
 191. Figure 183
 192. Figure 184
 193. Figure 185
 194. Figure 186
 195. Figure 187
 196. Figure 188
 197. Figure 189
 198. Figure 190
 199. Figure 191
 200. Figure 192
 201. Figure 193
 202. Figure 194
 203. Figure 195
 204. Figure 196
 205. Figure 197
 206. Figure 198
 207. Figure 199
 208. Figure 200
 209. Figure 201
 210. Figure 202
 211. Figure 203
 212. Figure 204
 213. Figure 205
 214. Figure 206
 215. Figure 207
 216. Figure 208
 217. Figure 209

H17000262902 3

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ 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 Oct 4, 2017

Signature

Elizabeth Friedman O'Connor

(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)

ELIZABETH FRIEDMAN O'CONNOR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)