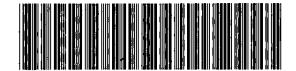
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Connie J Go	oodale Breast Cancer Foundation Inc
DOCUMENT NUMBER: N9900002	993
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
Debra Moore	
	(Name of Contact Person)
Connie Foundation	
	(Firm/ Company)
P O Box 15015	
	(Address)
West Palm Beach FL 33	416
	(City/ State and Zip Code)
DMoore1818@air	n.com
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Debra Moore	at (561) 966-8699 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$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

Articles of Amendment to Articles of Incorporation of

2012 AFR 23 AM 10:57

ASSECUES TAVE
ORIFE

Connie J. Goodale Breast Cancer Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State)

N99000002993

(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:

	 		The nev
		ation" or "incorporated" or the abbreviation "Corp."	or "Inc."
<u>"Company" or "Co." may not be used in</u>	<u>i tne name</u> .		
B. Enter new principal office address,	if applicable:	NA	
Principal office address <u>MUST BE A S</u>	TREET ADDRESS		
			_
			_
C. Enter new mailing address, if appli	cable:	α/n	
(Mailing address MAY BE A POST (<u>OFFICE BOX</u>)	***/ +	
			_
			_
D. If amending the registered agent an	d/or registered off	ice address in Florida, enter the name of the	
 If amending the registered agent an new registered agent and/or the new 			
new registered agent and/or the new	v registered office		
	v registered office		
new registered agent and/or the new	v registered office	address:	
new registered agent and/or the new Name of New Registered Agent:	v registered office		
new registered agent and/or the new	v registered office	address:	
new registered agent and/or the new Name of New Registered Agent:	v registered office	address: (Florida street address) , Florida	
new registered agent and/or the new Name of New Registered Agent:	v registered office	address:	
new registered agent and/or the new Name of New Registered Agent:	N/A (City	address: (Florida street address) , Florida (Zip Code)	

Page 1 of 4

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change Add Remove	NA	<u></u>	
2) Change Add Remove			
3) Change Add Remove		<u> </u>	
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

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

(Add) Article VII - Termination/Dissolution

Connie J Goodale Breast Cancer Foundation is organized exclusively for charitable, religious,
educational and scientific purposes, including, for such purposes, the making of distributions
to organizations under Section 501(c)(3) of the Internal Revenue Code, or corresponding section
of any future federal tax code. Upon the dissolution of the organization, assets shall be distributed
for one or more exempt purposes within the meaning of section 501(c) (3) of the Internal Revenue
Code, or corresponding section of any future federal tax code, or shall be distributed to the federal
government, or to a state or local government, for a public purpose. Any such assets not disposed of
shall be disposed of by the Court of Common Pleas of the county in which the principal office
of the organization is located, exclusively for such purposes or to such organization or organizations,
as such said Court shall determine which are organized and operated exclusively for such purposes.

The date of each a	mendmen	t(s) adoption: March 9, 2012	
Effective date <u>if ar</u>	plicable:	March 9, 2012	
<u></u>	pitetiote	(no more than 90 days after amendment file date)	
Adoption of Amen	dment(s)	(CHECK ONE)	
The amendmen was/were suffi		were adopted by the members and the number of votes cast for the ame	endment(s)
There are no madopted by the		members entitled to vote on the amendment(s). The amendment(s) v directors.	vas/were
Dated	Apr	ril 2, 2012	
Signa	ture	Debra mooro	
J	have r	e chairman or vice chairman of the board, president or other officer-if not been selected, by an incorporator – if in the hands of a receiver, tr court appointed fiduciary by that fiduciary)	
[Debra	Moore	
		(Typed or printed name of person signing)	
F	Preside	ent	
		(Title of person signing)	