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OCT 21 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Foundation Tax Ro	esolution INC		
DOCUMENT NUM				
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Gregory Trew			
	-	Name of Contact Person	n	
	Foundation Tax Resolution I	NC		
		Firm/ Company		
	12154 IRWIN MANOR DR			
		Address		
	Jacksonville, FL 32246			
		City/ State and Zip Cod	e	
gtre	w51@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Gregory Trew		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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

Foundation Tax Resolution INC

	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi	Elavida Profit Corneration adopts the following amendm	ant(c) t	
ts Articles of Incorporation:	is Fiorida Froja Corporation adopts the following amengin	eni(s) i	
A If an analysis are an analysis and a second secon			
A. If amending name, enter the new name of the corporation:		,	
NIA	The nev		
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	e e	
B. Enter new principal office address, if applicable:	12154 Irwin Manor Dr		
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32246		
	-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12154 Irwin Manor Dr		
(Muning university MAT BE A FOST OFFICE BOA)	Jacksonville, FL 32246		
	3000011110, 1 B 322 10		
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the		
new registered agent and/or the new registered office address			
Name of New Registered Agent // A			
	atreet address)		
(Florida s	,		
A 11 A	Ph. 11		
(Florida s New Registered Office Address:	(City), Florida(Zip Code)		
A 11 A	,		
A 11 A	,		
A 11 A	(City) (Zip Code)		

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		NA	
Add			
Remove			
2) Change		NA	
Add			
Remove		a . 1 a	
3) Change		-NA	
Add			
Remove			
4) Change		M/A	
Add		'	
Remove			<u> </u>
5) Change		<i>N/A</i>	
Add		• /	
Remove		4	
6) Change		NA	
Add			
Remove			

If amending or addi (Attach <i>additional sh</i>	ing additional Articles bets, if necessary). (i	s, enter change(s) Be specific)	<u>here</u> :		
	NIA				n-1-2 -
· · ·					
				<u> </u>	——————————————————————————————————————

					···-
				· · · · · · · · · · · · · · · · · · ·	
f an amendment pr	ovides for an exchang	ge, reclassification	n, or cancellation o	f issued shares,	
(if not applicab	ementing the amendr le, indicate N/A)	nent if not contain	ned in the amendm	ent itself:	
	NIA	1			
					, , , , , , , , , , , , , , , , , , , ,
					· · · · · · · · · · · · · · · · · · ·
				, <u>, , , , , , , , , , , , , , , , , , </u>	

• • •	10/13/15	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
. 10/1	3/15	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this l document's effective date on the De		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes flicient for approval.	cast for the amendment(s)
	proved by the shareholders through voting group each voting group entitled to vote separately or	
	for the amendment(s) was/were sufficient for ap	proval
by	(voting group)	35
	(voting group)	
	pted by the board of directors without sharehold	ler action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder ac	ction and shareholder
10/13/15		
Dated		
	206/	
selecte	irector, president or other officer – if directors of d, by an incorporator – if in the hands of a received fiduciary by that fiduciary)	
	Gregory Trew	
	(Typed or printed name of person sig	gning)
	President	
	(Title of person signing)	