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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FFW FAMILY OF	FICE CORPORATION	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
1	PETER HABIB		
-		Name of Contact Person	1
1	FFW FAMILY OFFICE CO	RPORATION	
-		Firm/ Company	
:	2937 KENSINGTON TRAC	•	
-		Address	
	TARPON SPRINGS FL 346		
-		City/ State and Zip Code	e .
nhahih	@healthyvision.org		
——————————————————————————————————————	•	sed for future annual report	notification)
	E-man address. (to be a	oct for fattire armiair report	
For further information	concerning this matter, pleas	se call:	
PETER HABIB		,727	738-5900 EXT 330
Name of Contact Person Area Code & Daytime Telephone N			de & Daytime Telephone Number
Employed is a shoot for	the following amount made	noughle to the Floride Dens	artment of State:
Enclosed is a check for	the following amount made	payable to the Florida Depa	indicate of State.
S35 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

FFW FAMILY OFFICE CORPORATION

(Name of Corporation as currently)	filed with the Florida Dept. of Stat	<u>e</u>)
P19000075863		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida	orida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord "chartered," "professional association," or the abbreviation "P.	o". A professional corporation nar	or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		152 153
(Mauring dudress MAT BE A TOST OF THEE BOX)		
D. If amending the registered agent and/or registered office addres	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:		
Name of New Registered Agent		<u> </u>
	addrace)	
(Florida stree	i uuui ess)	
(Florida stree New Registered Office Address:	, Florida	

. 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)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	JULIEANNA REUTHER	2937 KENSINGTON TRACE
Add X Remove			TARPON SPRINGS FL 34688
2) Change	P	PETER HABIB	2937 KENSINGTON TRACE
X Add			TARPON SPRINGS FL 34688
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

.ttach additional shee	ts, if necessary). ((Be specific)	٨		
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an amendment pro	vidas far an araba	ngo roclassification	or concellation o	fissued chares	
provisions for imple	menting the amend	lment if not contain	ned in the amendm	ent itself:	
(if not applicable	, indicate N/A)				
		NIA			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	O OTTO DED 40 4040	
Effective date <u>if applicable</u> :	OCTOBER 30,2019	
Effective date in applicable.	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date e Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
	DBER 30,2019	
DatedSignature	Gulieanna Renther	
(<u>D</u>)	ya director, president or other officer – if directors or officers have not been	
	ected, by an incorporator - if in the hands of a receiver, trustee, or other court	
арр	pointed fiduciary by that fiduciary)	
	JULIEANNA REUTHER Julieannia Frenthu	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	