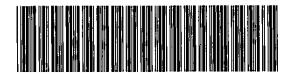
N110000007973

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14 FEB 27 AHII: 08
SECRETARY OF STATE
SALVABASSEC FLORIDA

APPROVED AND FILED

C. LEWIS
FEB 2 8 2014
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RS CARE	ES FOUNDA	ATION CORP.
DOCUMENT NUMBER: N11000007	973	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
NATALYA FILIPSKIY		
	(Name of Contact Person	n)
RS CARES FOUNDATION	ON CORP.	
	(Firm/ Company)	
1899 PORTER LAKE DI	R., STE 102	
	(Address)	
SARASOTA, FL 34240		
	(City/ State and Zip Cod	e)
nf@rscares.org		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
NATALYA FILIPSKIY	_{at (} 941	363-1299 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of

14 FEB 27 AM II: 08

SECRETARY OF STATE TALLAHASSES FLORIDA

RS CARES FOUNDATION	N CORP.	
(Name of Corporation as currently t	filed with the Florida Dept. of State)	
N11000007973		
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 617.100 mendment(s) to its Articles of Incorporation	06, Florida Statutes, this <i>Florida Not For Profit Corp</i> n:	oration adopts the following
. If amending name, enter the new name	e of the corporation:	
		The ne
'Company" or "Co." may not be used in th		reviation "Corp." or "Inc.
 Enter new principal office address, if a Principal office address <u>MUST BE A STR</u> 	ipplicable:	
Tincipal office dadress witost be A STR		
C. Enter new mailing address, if applicat	ble:	
(Mailing address MAY BE A POST OF	FICE BOX)	
		
). If amending the registered agent and/	or registered office address in Florida, enter the na	ime of the
new registered agent and/or the new r	egistered office address:	THE OT RIVE
N 6N D : 14		
Name of New Registered Agent:		_
,		_
New Registered Office Address:	(Florida street address)	
New Registered Office Madress.		
_		a
	(City)	(Zip Code)
New Registered Agent's Signature, if chan hereby accept the appointment as registere	nging Registered Agent: ed agent. I am familiar with and accept the obligation	ons of the position.
	Signature of New Registered Agent, if changing	_

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: X_Change X_Remove X_Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	CEOD	NATALYA FILIPSKIY	1899 PORTER LAKE DR
Add			STE 102
Remove			SARASOTA, FL 34240
2) Change	PD	PATRICIA HARRISON	1899 PORTER LAKE DR
X			STE 102
Remove			SARASOTA, FL 34240
3) X Change	SD	VALENTINA TRAN	1899 PORTER LAKE DR
Add			STE 102
Remove			SARASOTA, FL 34240
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Amend ARTICLE III:
Said corporation is organized exclusively for charitable purposes,
including, for such purposes, the making of distributions to
organizations that qualify as exempt organizations under section
501(c)(3) of the Internal Revenue Code, or the corresponding
section of any future federal tax code.
A foundation to assist people, associates, families and clients with
their utilities (ability to afford day to day living expenses) and
hardship, as a result of a sudden situation that poses an immediate
risk to health, life, or property, creating conditions of life difficult to
endure enough to be in need of requiring an outside help.

APPROVEU AND FILED

The date of each amendment(s) adoption: 02/25/2014	FILEU	, if other than the
date this document was signed.	., adoption:	14 FEB 27 -AM II: 08	
Effective date if applicable:	(no more than 90 days after o	imendment file date); EF, FLORIDA	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the numberoval.	per of votes cast for the amendment(s)	
There are no members or radopted by the board of di	members entitled to vote on the amendme irectors.	ent(s). The amendment(s) was/were	
Dated 02/2	25/2014		
Signature Nata	alya Filipskiy		
(By the have no	chairman or vice chairman of the board, of been selected, by an incorporator – if i ourt appointed fiduciary by that fiduciary	n the hands of a receiver, trustee, or	
Natalya	Filipskiy		
	(Typed or printed name of person s	igning)	
CEOD			
	(Title of person signing)		