

N13 0000003830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

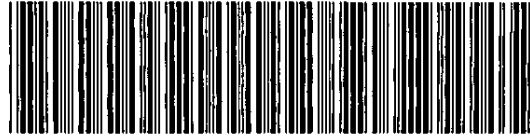
(Business Entity Name)

(Document Number)

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15 SEP - 1 AM 9:08

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2015

MARTINEAU DIMANCHE
SAMARIA SHINING LIGHT HELPING ORG.
10855 WINDSOR WALK DR. #107
ORLANDO, FL 32809

SUBJECT: SAMARIA SHINING LIGHT HELPING ORGANIZATION, INC.
Ref. Number: N13000003830

We have received your document and check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document received incomplete. Please complete and return all pages of Articles of Amendment.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 515A00017135

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15 SEP -1 AM 9:08

RECEIVED
15 SEP -1 PM 12:31

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SAMARIA SHINING LIGHT HELPING ORGANIZATION, INC.
DOCUMENT NUMBER: N13 00000 3830

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

Please return all correspondence concerning this matter to the following:

MARTINEAU Dimanche
(Name of Contact Person)

SAMARIA SHINING LIGHT HELPING ORGANIZATION, INC.
(Firm/ Company)

10855 WINSOR WALK DR. # 107
(Address)

Orlando, FL 32809
(City/ State and Zip Code)

SAMARIAORGANIZATION@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martineau Dimanche at 407-272-4833
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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

SAMARIA SHINING LIGHT HELPING ORGANIZATION, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

113000003830
(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:

N/A
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Incorporated" or "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)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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: N/A
(Florida street address)

New Registered Office Address:
N/A, Florida
(City) (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.

N/A
Signature of New Registered Agent, if changing

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:

☒ Change

PT

John Doe

☒ Remove

V

Mike Jones

☒ Add

SV

Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------|--------------------------|---|
| 1) ☐ Change
☐ Add
☒ Remove | <u>C</u> | <u>CHRISTOPHE CELIAN</u> | <u>1632 KENDRICK DR.</u>
<u>KISSIMMEE, FL 34741</u> |
| 2) ☐ Change
☒ Add
☐ Remove | <u>C</u> | <u>JAMES CLAIRSANT</u> | <u>7130 S. O.B.T. Ste. 120</u>
<u>ORLANDO, FL 32809</u> |
| 3) ☐ Change
☐ Add
☒ Remove | <u>T</u> | <u>JEAN I DESSALINES</u> | <u>13224 GREENPOINT DR.</u>
<u>ORLANDO, FL 32809</u> |
| 4) ☐ Change
☒ Add
☐ Remove | <u>T</u> | <u>BRIANE MORIVAL</u> | <u>4319 BAY VISTA DR</u>
<u>KISSIMMEE, FL 34746</u> |
| 5) ☐ Change
☐ Add
☒ Remove | <u>S.</u> | <u>KARL JOACHIM</u> | <u>418 MALDEN LANE APT.</u>
<u>KISSIMMEE, FL 34758</u> |
| 6) ☐ Change
☒ Add
☐ Remove | <u>S</u> | <u>FARZAH MORIVAL</u> | <u>204 COCOVIEW CIR.</u>
<u>APT. 304</u>
<u>BRANDON, FL 33511</u> |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

NONE

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

Effective date if applicable: N/A
(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 08/25/2015

Signature Martineau Dimanche
(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)

Martineau Dimanche
(Typed or printed name of person signing)

President
(Title of person signing)