

N 13 000004608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

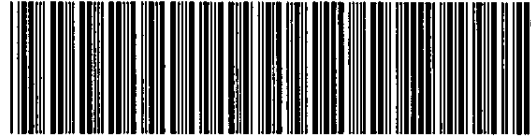
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR - 2 PM 12:04

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MAR 04 2015

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HANDS OF HOPE-SICKLE CELL AWARENESS

DOCUMENT NUMBER: 113000004008

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

Please return all correspondence concerning this matter to the following:

Cecelia Mitchell

(Name of Contact Person)

(Firm/ Company)

4601 N. 30th Street

(Address)

TAMPA, FLORIDA 33610

(City/ State and Zip Code)

Cecelia-mitchell@hands-of-hope-jca.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cecelia Mitchell

(Name of Contact Person)

at (813) 417-1014

(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

Hand of Hope – Sickle Cell Awareness
4601 N. 36th Street
Tampa, Florida 33610
(813) 417-1014

February 26, 2015
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern;

When Hands of Hope – Sickle Cell Awareness was organized, I was confused about what name needed to be used. I wanted to use a name that would sound professional for the organization.

Therefore, I am requesting to change the name from Hands of Hope – Sickle Cell Awareness, to Hands of Hope – Sickle Cell Awareness Foundation.

I believe this name would work better for the organization.

If you have any questions, or concerns, please feel free to contact me at (813) 417-1014 or at: cecelia-mitchell@handsofhope-sca.org.

Sincerely,

A handwritten signature in black ink that reads "Cecelia Mitchell". The signature is written in a cursive, flowing style.

Cecelia Mitchell
Founder/President

Articles of Amendment
to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

HANDS OF HOPE-SICKLE CELL AWARENESS, INC.

(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:

HANDS OF HOPE-SICKLE CELL AWARENESS

Foundation, INC.

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Florida street address)

New Registered Office Address:

_____, 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.

Signature of New Registered Agent, if changing

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

☒ Change	<u>PT</u>	<u>John Doe</u>
☐ Remove	<u>V</u>	<u>Mike Jones</u>
☒ Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
--------------------------------------	--------------	-------------	----------------

1) ☐ Change

☐ Add

☐ Remove

2) ☐ Change

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

see attached

Type of Action:

- | 1. | <u>Change</u> | <u>Title</u> | <u>Name</u> | <u>Address:</u> |
|----|---------------------------------|-------------------------------|------------------------|--|
| | <u> </u> Add | Board of Directors | Roy L. Norris | 1510 W. Sitka Street
Tampa, Florida 33604 |
| | <u> </u> Remove | | | |
| 2. | <u> </u> Change | Board of Directors | Catherine Y. Albury | 13288 Arbor Pointe Circle #102
Tampa, Florida 33617 |
| | <u> </u> Add | | | |
| | <u> </u> Remove | | | |
| 3. | <u> </u> Add | Board Directors | Valerie Jones | 5016 Pine Street
Seffner, Florida 33584 |
| | <u> </u> Change | | | |
| | <u> </u> Remove | | | |
| 4. | <u> </u> Add | Secretary | Cheryl Bellamy – Scott | 6903 Society Drive #B
Tampa, Florida 33617 |
| | <u> </u> Change | | | |
| | <u> </u> Remove | | | |
| 5. | <u> </u> Add | Board of Directors/ Secretary | Sonya Edwards | 7109 Wrenwood Circle
Tampa, Florida 33617 |
| | <u> </u> Change | | | |
| | <u> </u> Remove | | | |
| 6. | <u> </u> Add | Board of Directors | Gloria Elliott | 416 Green Arbor Drive
Brandon, Florida 33511 |
| | <u> </u> Change | | | |
| | <u> </u> Remove | | | |
| 7. | <u> </u> Add | Board of Directors | Kenny Wynn | 1615 E. Genesee Street
Tampa, Florida 33610 |
| | <u> </u> Change | | | |
| | <u> </u> Remove | | | |

8. ☒ Add Board of Directors Angela Birdsong 18119F Sailfish Drive
Lutz, Florida 33558

☐ Change

☐ Remove

9. ☒ Add Board of Directors J.C. Brantley 2528 N. 55th Street
Tampa, Florida 33619

☐ Change

☐ Remove

10. ☐ Add Board of Directors/ Vice President Shelia Williams-Johnson 2014 E. North Bay Street
Tampa, Florida 33610

☒ Change

☐ Remove

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 2-24-15
Signature Cecelia Mitchell
(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)

Cecelia Mitchell
(Typed or printed name of person signing)
President
(Title of person signing)