

N13000010163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

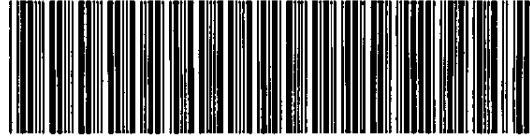
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/14/16--01063--007 **43.75

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2016 AUG 12 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Am
xoo, - 3/2/16
8/23/16*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SPONSOR A CHILD IN NEED, CORP.

DOCUMENT NUMBER: N13000010163

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

Please return all correspondence concerning this matter to the following:

Amarilys M. Gott

(Name of Contact Person)

(Firm/ Company)

5951 NW 173rd Dr. Suite 5

(Address)

Hialeah, FL 33015

(City/ State and Zip Code)

gmfinancialsystemsllc@yahoo.com

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

For further information concerning this matter, please call:

Amarilys M Gott

305

456-5123

at

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2016

AMARILYS M. GOTT
5951 NW 173RD DR., STE 5
HIALEAH, FL 33015

SUBJECT: SPONSOR A CHILD IN NEED, CORP
Ref. Number: N13000010163

We have received your document for SPONSOR A CHILD IN NEED, CORP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 616A00013025

Articles of Amendment
to
Articles of Incorporation
of

SPONSOR A CHILD IN NEED, CORP.

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

N13000010163

(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:

_____ 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

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2018 AUG 12 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

ARTICLE III | Remove all previous, and include the below

Sponsor a Child in Need is organized exclusively for charitable, scientific and education purposes, as follows:

To work worldwide with organizations, children, families, and their communities in order to break the cycle of poverty by supporting them through economical help, education, clothing, food, medical and dental care, and any other way that may help them in any necessity they could have. Our organization will provide all kind of assistance and partner with the above mentioned for short and long-term solutions to alleviate poverty and advocate for justice on behalf of the underprivileged.

In order to empower them and giving them the dignity of self-reliance and the desire to give back to society.

----- END -----

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Ukrania Arrietti</u>	<u>8290 Lake Dr. Apt. 138</u>
<input type="checkbox"/> Add			<u>Doral, FL 33166</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>SV</u>	<u>Amarilys M. Gott</u>	<u>Lomas de Urquia</u>
<input type="checkbox"/> Add			<u>Urb El Pinar, Qta Macuro El Pinar</u>
<input type="checkbox"/> Remove			<u>Carrizal, E. Miranda, Venezuela</u>
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

March 3, 2016

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)

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.

June 1, 2016

Dated _____

Signature _____

(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)

Amarilys M Gott

(Typed or printed name of person signing)

Vice President

(Title of person signing)