

N1400000000048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

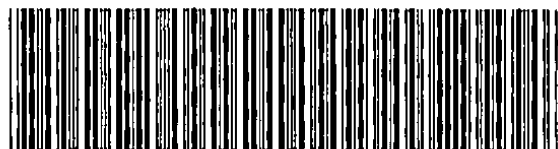
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

1072-524-



900324062919

02/05/19--01025--025 ♦♦52.1

FILED
2019 FEB 28 PM 1:20
U.S. DISTRICT COURT
NORTH DAKOTA
FARGO

C. GOLDEN

MAR - 4 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MOTHERS STANDING IN THE GAP, INC

DOCUMENT NUMBER: N14000000048

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

Please return all correspondence concerning this matter to the following:

CASSANDRA LEVERETT
(Name of Contact Person)

MOTHERS STANDING IN THE GAP, INC
(Firm/ Company)

P.O. BOX 10344
(Address)

JACKSONVILLE, FL 32247
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

CASSANDRA LEVERETT at 904 707-8517
(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:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

February 13, 2019

CASSANDRA LEVERETT
POST OFFICE BOX 10344
JACKSONVILLE, FL 32247

SUBJECT: MOTHERS STANDING IN THE GAP, INC
Ref. Number: N14000000048

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

AR is the designation for Authorized Representative for a limited liability company and should not be used by a corporation.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 419A00003142

RECEIVED

2019 FEB 28 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FL

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment
to
Articles of Incorporation
of

FILED

2019 FEB 28 PM 1

MOTHERS STANDING IN THE GAP, INC

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

N14000000048

(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:

(City)

Florida

(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

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 PTD and Mike Jones is listed as the V. The 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>PDCEO</u>	<u>CASSANDRA LEVERETT</u>	<u>7901 BAYMEADOWS CIR E</u>
<input type="checkbox"/> Add			<u>APT 467</u>
<input type="checkbox"/> Remove			<u>JACKSONVILLE, FL 32256</u>
2) <input type="checkbox"/> Change	<u>D</u>	<u>KIMBERLY ERICKSON</u>	<u>188 QUAIL CREEK DR</u>
<input checked="" type="checkbox"/> Add			<u>ST JOHNS, FL 32259</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>D</u>	<u>BOBBY LEVERETT</u>	<u>7901 BAYMEADOWS CIR E</u>
<input checked="" type="checkbox"/> Add			<u>APT 467</u>
<input type="checkbox"/> Remove			<u>JACKSONVILLE, FL 32256</u>
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			

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

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

1. To facilitate life changing principles and skills to the Mothers, Fathers, Foster Parents, and Guardians by creating and executing a comprehensive supportive group service that provides a Multi-level empowerment umbrella of care those that are experiencing hardship as a result of their Sons, daughters, spouse, and immediate family who is convicted and incarcerated in Jail or Prison.

2. Form a community outreach program that provides the care and supportive services needed to affectively address the hardships of our clients. Provide a suitable environment that promotes the necessary comfort level for available information and resources for various situations. Provide periodic activities and events that also address the needs of the families.

3. Establish a computer learning center lab for basic skills, web surfing, programs navigating, files management, email management, and document management.

4. Develop a food preparation and catering center to provide a learning experience for clients; addressing the need of skill training and job referrals for our clients. To assist our clients and family members to become financially abled. To further our reach in the communities; to provide basic food preparation and a healthy approach to food needed for our families.

5. Develop a conference & learning center to broaden our capacity of outreach to the community; to better serve the needs of our clients in various learning experiences.

6. Develop a transportation fleet of vehicles to transport our clients to and from various locations; to advance our program throughout Florida and beyond. Reaching rural areas of our communities; to lessen the physical and financial burden of our seniors, disabled, and unable in the community.

7. Develop a re-entry center to facilitate a successful readjustment and transitional initiative; providing services and referrals based on assessed needs. Partnering with services and programs in the community; sharing resources and referrals to better track the client population and effectively individualize transitional plans by linking the ex-offender to various community based support system.

Continuation on attachment.....

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

8. Promote, teach, and lecture on building strong relationships with the incarcerated love ones; becoming more familiar with Local, State, and Federal Laws that impact our communities; sharpening our communications skills to be more effective in being heard; receiving the strength needed to overcome stumbling blocks that set us back; connecting with other Mothers, Fathers, Foster Parents, and Guardians that have similar goals to mend relationship with their love ones and help them to overcome the stigma of incarceration.

9. Provide comprehensive workshops for individuals with criminal backgrounds and their families. Through coordination with other supportive services we will provide a weekly platform of employment seeker's training, computer access, healthy hygiene, dress for success, social navigation, positive thinking, working with others, the fruits of loyalty, training ready, and other core-values. Our workshops will offer an arena for individuals with backgrounds to network, support each other and share resources and job leads. The end result of our workshops will empower and assists individuals to identify their skills, passions, and willingness to conquer the requirements for jobs, interviewing, networking and researching employers.

10. Seek opportunities through coalitions and donors to develop and operate transitional housing/half-way house for our displaced ex-offenders. To better focus on our clients under one roof. Providing short-term transitional housing for ex-offenders with a temporary place to live as they attempt to get back on their feet or make a major transition in their lives.

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)

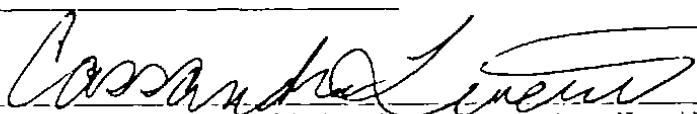
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated FEBRUARY 23, 2019

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)

CASSANDRA LEVERETT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)