

N 18 000 005 022

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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2018 OCT 15 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

OCT 17 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE 5 SENSES WORKSHOP, INC

DOCUMENT NUMBER: N18000005022

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

Please return all correspondence concerning this matter to the following:

MARTIN I JIMENEZ
(Name of Contact Person)

THE 5 SENSES WORKSHOP, INC
(Firm/ Company)

1799 NE 164TH STREET, SUITE 114
(Address)

NORTH MIAMI BEACH, FL 33162
(City/ State and Zip Code)

info@5sensesworkshop.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN I JIMENEZ at 786 344-0490
(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

RECEIVED
18 OCT 15 PM 10:13
SECRETARY OF
STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2018

MARTIN I. JIMENEZ **2ND MAILING**
15694 NE 12TH AVENUE
NORTH MIAMI BEACH, FL 33162

SUBJECT: THE 5 SENSES WORKSHOP, INC.
Ref. Number: N18000005022

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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

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: 118A00017468



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2018

MARTIN I. JIMENEZ
1799 NE 164TH STREET
SUITE 114
NORTH MIAMI BEACH, FL 33162

SUBJECT: THE 5 SENSES WORKSHOP, INC.
Ref. Number: N18000005022

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

Claretha Golden
Regulatory Specialist II

Letter Number: 118A00017468

RECEIVED
18 SEP 31 09:12:05
SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

FILED

2018 OCT 15 PM 3: 57

THE 5 SENSES WORKSHOP, INC

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

SECRETARY OF STATE
TALLAHASSEE, FL

N18000005022

(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
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)

N/A

N/A

N/A

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

N/A

N/A

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

N/A

(Florida street address)
New Registered Office Address:
N/A _____, Florida N/A
(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

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 type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	N/A	_____
<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)

Article III: The specific purposes for which The 5 Senses Workshop is organized are exclusively religious, charitable,
literary and educational within the meaning of section 501(C)(3) of the Internal Revenue Code of 1986 or the corresponding
provision of any future United States Internal Revenue Law.

Notwithstanding any other provisions of these articles, this organization shall not carry activities not permitted to be carried
on by an organization exempt from Federal income tax under section 501(C)(3) of the Internal Revenue Code of 1986 or the
corresponding provision of any future United States Internal Revenue Law

Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of
section 501(C)(3) of the Internal Revenue Code of 1986 or the corresponding section of any future Federal Tax Code, or
shall be distributed to the Federal, State or local government for a public purpose. Any such assets not so disposed of shall
be disposed by a court of competent jurisdiction of the county in which the principal office of the organization is then located
exclusively for such purposes.

08/01/2018

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

09/19/2018

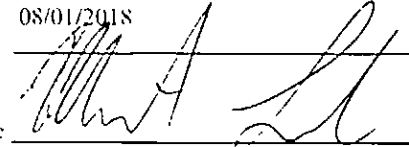
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 08/01/2018 _____

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)

MARTIN I JIMENEZ

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)