

N 03 000009786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

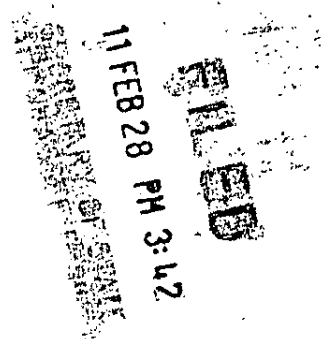
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02/28/11--01011--014 **35.00



Amend.
3/4/11
Dc

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LIFE CARE FOUNDATION, INC.

DOCUMENT NUMBER: #N03000009786

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

Please return all correspondence concerning this matter to the following:

Dogan M. Bengisu, P.A.

(Name of Contact Person)

LIFE CARE FOUNDATION, INC.

(Firm/ Company)

333 Camino Gardens Blvd., Ste. 204

(Address)

Boca Raton, FL 33432

(City/ State and Zip Code)

lifecarecharity@gmail.com

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

For further information concerning this matter, please call:

Dogan M. Bengisu

(Name of Contact Person)

at (561) 394-2134

(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

LIFE CARE FOUNDATION, INC.

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

#N03000009786

(Document Number of Corporation (if known))

FILED
11 FEB 28 PM 3:42
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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)

1515 South Federal Highway

Suite 207

Boca Raton, Fl. 33432

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:

Dogan M. Bengisu, P.A.

401 W. Atlantic Ave., Ste.O-11

New Registered Office Address:

(Florida street address)

Delray Beach

(City)

Florida 33444

(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.

SEE ATTACHED SIGN.

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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|---|--|
| B | Mark Burnam | 901 E. Las Solas Blvd. Ste. 101 Ft. Lauderdale, FL 33301 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| B | Jillian Francis | 5961 North Falls Circle Drive Lauderhill, FL 33319 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <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)

Our goal is improving individual outcomes and quality of life o Persons with Disabilities, including, Children Birth - 26 Self Advocates, Adults, Elders, those at risk and their families. This includes but (not limited to) training on IDEA, offering training, information and resources through individual assistance, community collaboration, and outreach - to individuals with special needs, parents, caregivers, families and professionals. To serve through five core areas of service: Education; Care Management/Self Determination; Socialization/"ACES"; Legal Advocacy; Financial Counseling/Disability Pooled Trust Services.

The date of each amendment(s) adoption: December 27, 2010

Effective date if applicable: January 1, 2011 *(date of adoption is required)*

(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 February 20, 2011

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)

Dogan Bengisu

(Typed or printed name of person signing)

Board Chairman - Registered Agent

(Title of person signing)