

N04000005487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

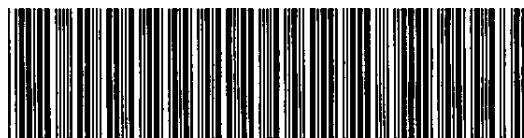
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300281632413

Amend

02/26/16--01014--011 **43.75

FILED
16 MAR 14 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X00789, 01169,

00707, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 29, 2016

Maria Patricia Gomez
Wake-Up and Arise Foundation, Inc.
8245 NW 36 Street, Unit 3
Doral, FL 33166

SUBJECT: WAKE-UP AND ARISE FOUNDATION, INC.
Ref. Number: N04000005487

We have received your document for WAKE-UP AND ARISE FOUNDATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 316A00004137

RECEIVED

16 MAR 14 PM 3:58

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Wake-Up and Arise Foundation, Inc

DOCUMENT NUMBER: N04000005487

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

Please return all correspondence concerning this matter to the following:

Maria Patricia Gomez

(Name of Contact Person)

Wake-Up and Arise Foundation, Inc.

(Firm/ Company)

8245 NW 36 Street, Unit 3

(Address)

Doral, Florida 33166

(City/ State and Zip Code)

patrigo55@hotmail.com

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

For further information concerning this matter, please call:

Maria Patricia Gomez

786

326-6308

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:

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

Articles of Amendment
to
Articles of Incorporation
of

FILED

Wake-Up and Arise Foundation, Inc

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

N04000005487

(Document Number of Corporation (if known))

16 MAR 14 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, 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:

Same

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**)

8245 NW 36 Street, Unit 3

Doral, Florida 33166

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Same

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:

Maria Patricia Gomez

8245 NW 36 Street, Unit 3,

(Florida street address)

New Registered Office Address:

Doral, Florida

(City)

, Florida 33166

(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	<u>V</u>	<u>Morante, Jose Antonio</u>	<u>210 172 St., Apt 142</u>
<input type="checkbox"/> Add			<u>Sunny Isles, Fl 33160</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>T</u>	<u>Pacheco, Ruben</u>	<u>5701 NW 112 Avenue, Apt 107</u>
<input type="checkbox"/> Add			<u>Doral, Fl 33178</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>Luis E. Rengifo</u>	<u>197 Lakeview Drive, No. 102</u>
<input checked="" type="checkbox"/> Add			<u>Weston, Florida 33326</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>D</u>	<u>Claudia Lasso</u>	<u>18181 NE 31 Ct. Apt 1205</u>
<input type="checkbox"/> Add			<u>Aventura, Fl 33160</u>
<input checked="" type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>Leonor Reales</u>	<u>27530 Richview Court</u>
<input checked="" type="checkbox"/> Add			<u>Bonita Springs, Fl 34135</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>D</u>	<u>Jose Dergan, Psy.D</u>	<u>8249 NW 36 Street, No. 102</u>
<input checked="" type="checkbox"/> Add			<u>Doral, Fl 33166</u>
<input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

February 20, 2016

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

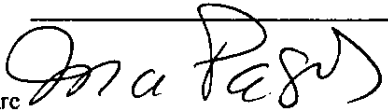
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Dated March 8, 2016 _____

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)

Maria Patricia Gomez

(Typed or printed name of person signing)

President

(Title of person signing)