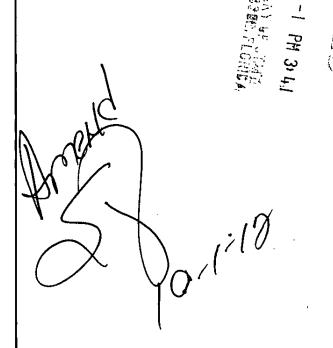
# N050000 8719

| (Re                     | equestor's Name)   | · · · · · · · · · · · · · · · · · · · |
|-------------------------|--------------------|---------------------------------------|
| (Ad                     | ldress)            |                                       |
| . (Ad                   | dress)             |                                       |
| (Cit                    | ty/State/Zip/Phone | e #)                                  |
| PICK-UP                 | ☐ WAIT             | MAIL                                  |
| (Ви                     | ısiness Entity Nar | me)                                   |
| (Do                     | ocument Number)    | 76/                                   |
| Certified Copies        | _ Certificates     | of Status                             |
| Special Instructions to | Filing Officer:    |                                       |
|                         |                    |                                       |
|                         | 4                  | 1                                     |
|                         | 1                  |                                       |
|                         | Office Use On      | nlv                                   |



200239344982

09/11/12--01011--007 \*\*35.00



#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: Yoruba Des<br>DOCUMENT NUMBER: N0500000871                                |  | of Tampa Bay Inc.  |
|--|--|--|
| The enclosed Articles of Amendment and fee are su  | bmitted for filing.  |  |
| Please return all correspondence concerning this ma  | tter to the following:   |  |
| Olufunke O Owa   |  |  |
|  | Name of Contact Person   |  |
| N/A  |  |  |
| ·  | Firm/ Company  |  |
| 1101 Asturia Way   | v South  |  |
|  | Address  |  |
| St. Petersburg, F  |  |  |
| St. Petersburg, r  |  |  |
|  | City/ State and Zip Code   | 2  |
| Yorubadescendant@  | ymail.com  |  |
| E-mail address: (to be us  | sed for future annual report                                       | notification)  |
| For further information concerning this matter, please   | se call:   |  |
| Olufunke Olive Owa   | at (727  | , 641-9768   |
| Name of Contact Person   |  | de & Daytime Telephone Number  |
| Enclosed is a check for the following amount made  | payable to the Florida Depa  | artment of State:  |
| \$35 Filing Fee \$\times \text{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 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address ment Section on of Corporations Building executive Center Circle ussee, FL 32301 |



### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2012

OLUFUNKE O OWA 1101 ASTURIA WAY SOUTH ST. PETERSBURG, FL 33705

SUBJECT: YORUBA DESCENDANTS UNION OF TAMPA BAY, INC.

Ref. Number: N05000008719

We have received your document for YORUBA DESCENDANTS UNION OF TAMPA BAY, INC. 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.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 412A00023085

RECEIVED

12 OCT - L AM 10: 25

WELLAWSSER, FLORIDA

# COVER LETTER

TO: Amendment Section Division of Corporations

| Jacuas De   | 0000 100 15 110 - 00 10 00 1 L                                   | _   |
|---|--|-----|
| NAME OF CORPORATION: YORKUBA DE                           | ESCENDANT Union of IAMPABAI                                      | ۱۲. |
| DOCUMENT NUMBER: NOSODOO                                  | 8719   |     |
| The enclosed Articles of Amendment and fee are submi      | nitted for filing.   |     |
| Please return all correspondence concerning this matter   | r to the following:  |     |
| OLUFUNKE D. DWA   |  |     |
| ORGINARE O COST   | (Name of Contact Person)   |     |
|   |  |     |
|   | (Firm/ Company)  |     |
| 1101 ASTURIA WAY SOU'                                     | T#   |     |
| 101 113 141 1111 1111 1111 1111                           | (Address)  |     |
| ST- PETERSBURG, AL.                                       | 33705  |     |
|   | (City/ State and Zip Code)                                       |     |
| Torubade scendan<br>E-mail address: (to be used t         | Heymail Com Tor future annual report notification)               |     |
| For further information concerning this matter, please ca | call:  |     |
|   |  |     |
| (Name of Contact Person)                                  | at (727) 641-9768<br>(Area Code & Daytime Telephone Number)      |     |
| Enclosed is a check for the following amount made pay     |  |     |
| □ \$35 Filing Fee □\$43.75 Filing Fee & □                 |  |     |
| Certificate of Status                                     | Certified Copy Certificate of Status                             |     |
|   | (Additional copy is Certified Copy enclosed) (Additional Copy is |     |
|   | Enclosed)  |     |
| <b>Mailing Address</b>                                    | Street Address   |     |
| Amendment Section   | Amendment Section  |     |
| Division of Corporations<br>P.O. Box 6327                 | Division of Corporations<br>Clifton Building                     |     |
| Tallahassee, FL 32314                                     | 2661 Executive Center Circle                                     |     |
|   | <del></del>  |     |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

nc. PM 3:4,1

MORUBA DESCENDANT Union of TAMPA BAY INC.

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

MO 50000 8719

(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 corporatio        | <u>n:</u>   |                         |   |
|-----------|---|-----------------------|---|-------------------------|---|
|           |   |                       | NIA   |                         | The new                                 |
| nai<br>"C | me must be distinguishable and contain the wo   | ord "corporation      | on" or "incorporated                              | " or the abbreviation   | on "Corp." or "Inc."                    |
| В.        | Enter new principal office address, if appli<br>rincipal office address <u>MUST BE A STREET</u> | icable:               | NJA_  |                         |   |
| C.        | Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC                  | -<br>( <u>E BOX</u> ) | NA  |                         |   |
| D.        | If amending the registered agent and/or re  |                       |   | enter the na me of      | the                                     |
|           | new registered agent and/or the new registered  | tered office ad       | <u>dress:</u>                                     |                         |   |
|           | Name of New Registered Agent:   | <u> </u>              | <u> </u>  |                         |   |
| <u>Ne</u> | ew Registered Office Address:   |                       | Florida street address)                           | <del></del>             |   |
|           |   | N                     | A   | Florida                 | NIA                                     |
|           |   | (City)                | <del>                                      </del> | , Florida<br>(Zip Code) | · · / · · · · · · · · · · · · · · · · · |
| Ne        | ew Registered Agent's Signature, if changin   | g Registered A        | gent:   |                         |   |
|           | ereby accept the appointment as registered ag   |                       |   | the obligations of t    | he position.                            |
|           |   | V                     | I A   |                         |   |
|           | Signature   | of New Registe        | red Agent, if changin                             | g                       |   |

Page 1 of 4

# 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: X Change X Remove X Add | <u>V</u> <u>Mike</u> | Doe<br>e Jones<br>v Smith |                 |
|----------------------------------|----------------------|---------------------------|-----------------|
| Type of Action<br>(Check One)    | Title                | <u>Name</u>               | <u>Addres</u> s |
| 1) Change                        | HA                   | NJA                       | N)A             |
| Remove 2) Change Add             | NA                   | NA                        | N/A             |
| Remove 3 ) Change Add            | HA                   | NA                        | NA              |
| Remove 4) Change Add             | NA                   | N/A                       | NA              |
| Remove  5) Change Add            | иlе                  | N/A                       | NA              |
| Remove 6) Change Add             | ИA                   | NA                        | N/A             |
| Remove                           |                      |                           |                 |

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

Purpose! The Corporation is organized and operated exclusively for Charitable, Educational, teligious, or Scientific purposes within the Meaning of Section 501(c)(3) of the Internal Revenue (ode.

Devational Limitations! Nothwith Standing any other provisions of these articles, the Corporation Shall not Carry on any other activities not permitted to be carried on (a) by a Corporation exempt from Federal Income tax Under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the Comes ponding provision of any future United States Internal Revenue Law) or (b) By a Corporation, Contributions, to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986 (or the Corresponding provision of any future United States Internal Revenue Code

Dissolution Clause: Upon the dissolution of the Corporation, the Board, Directors Shall, after Paying or Making Provisions for the Payment of authe liabilities of the Corporation, dispose of all the assets of the Corporation taclusively --

| 1 | H   |
|---|---|
|   | Additional Sheet of Confinuation Of Amendmenti          |
|   | For the purposes of the Corporation in Such Manner,     |
|   | or to Such organization or organizations organized      |
|   | and operated exclusively for Charitable, Educational,   |
|   | religious, or Scientific purposes as shall at the       |
|   | fine qualify as an exempt organization or               |
| • | proganizations under Section 501(c)(3) of the Internal  |
|   | Revenue Code of 1986 Conthe Corresponding provision     |
|   | of any Future United State Internal Kevenue Law),       |
|   | as the Board of Directors Shall determine. Any          |
|   | Such assets not so disposed of Shall be disposed        |
|   | of by the Court of Competent Jurisdiction of the        |
|   | County in which the principal office of the Conforation |
|   | Is then located, exclusively for Sich, Purposes or to   |
|   | Such organization or organizations, as said Court       |
|   | Shall determine, Which are organized and operated       |
|   | exclusively for such purposes.                          |
|   |   |
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|   |   |
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| The date of each amendment(s) adoption: 08/13/2012   |
|--|
| Effective date if applicable:  |
| (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 09 25 12   |
| 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) |
| Dufunke Olive Owa  |
| (Typed or printed name of person signing)  |
| President.   |
| (Title of person signing)  |