

N05 000010171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

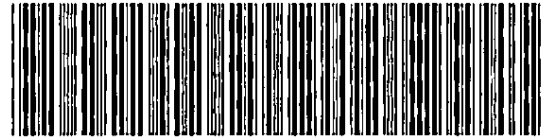
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Seeds of Hope for La Victoria, Inc.

DOCUMENT NUMBER: N05000010171

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

Please return all correspondence concerning this matter to the following:

Mary Scarola

Name of Contact Person

Firm/ Company

544 Riviera Drive

Address

Tampa, Florida 33606

City/ State and Zip Code

JLamm523@gmail.com

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

For further information concerning this matter, please call:

Mary Scarola

at (813) 254-4599

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2020

MARY SCAROLA
544 RIVIERA DRIVE
TAMPA, FL 33606

SUBJECT: SEEDS OF HOPE FOR LA VICTORIA, INC.
Ref. Number: N05000010171

We have received your document for SEEDS OF HOPE FOR LA VICTORIA, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Shelia S Young
Regulatory Specialist II

Letter Number: 820A00022857

COVER LETTER

TQ: Amendment Section
Division of Corporations

NAME OF CORPORATION: SEEDS OF HOPE FOR LA VICTORIA, INC.

DOCUMENT NUMBER: N 05000010171

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

Please return all correspondence concerning this matter to the following:

MARY SCAROLA

(Name of Contact Person)

SEEDS OF HOPE FOR LA VICTORIA, INC.

(Firm/ Company)

544 RIVIERA DRIVE

(Address)

TAMPA, FL 33606-3808

(City/ State and Zip Code)

JLAMM523@GMAIL.COM

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

For further information concerning this matter, please call:

MARY SCAROLA

(Name of Contact Person)

at (813) 310-0271

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Please see your letter # 820A00022857
The \$52.50 has already been
Paid. Thank you.

Articles of Amendment
to
Articles of Incorporation
of

Seeds of Hope for La Victoria, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

ND5000010171

(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)

Seeds of Hope for La Victoria, Inc.
C/O JESSICA LAMM
1846 SUNRISE BOULEVARD.
CLEARWATER, FL 33760

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Seeds of Hope for La Victoria, Inc.
C/O Jessica Lamm
1846 Sunrise Boulevard.
Clearwater, FL 33760

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:

ELIZABETH SCAROLA, ESQ
509 SEVERN AVE

(Florida street address)

New Registered Office Address:

TAMPA

(City)

Florida 33606
(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.

Elizabeth Scarola
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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|----------|---------------------------------|---|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add | <u>D</u> | <u>PATRICIA DELGADO</u> | <u>3434 CARUSO PLACE</u>
<u>QUIEDO, FL 32765</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change
<input type="checkbox"/> Add | <u>D</u> | <u>MARY SCAROLA</u> | <u>544 RIVIERA DRIVE</u>
<u>TAMPA, FL 33606</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add | <u>D</u> | <u>ELIZABETH SCAROLA</u> | <u>544 RIVIERA DRIVE</u>
<u>TAMPA, FL 33606</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add | <u>D</u> | <u>KENNEDY ELIZABETH WILSON</u> | <u>3927 BAY VIEW AVE</u>
<u>TAMPA, FL 33611-1233</u> |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add | <u>D</u> | <u>EVELYN NICOLE MARTINEZ</u> | <u>2113 W. ST ISABEL STREET</u>
<u>TAMPA, FL 33607</u> |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add | <u>D</u> | <u>JESSICA ROSE LAMM</u> | <u>1846 SUNRISE BLVD</u>
<u>CLEARWATER, FL 33760</u> |
| <input type="checkbox"/> Remove | | | |

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

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

Effective date if applicable: DECEMBER 31, 2020
(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 October 2, 2020

Signature Mary Muniz Scarola
(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)

MARY MUNIZ SCAROLA
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)