

N06000006239

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 20 PM 4:00

Amend v N.C.
C.COULLIETTE

AUG 23 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INDEPENDENT SOLUTIONS OF SOUTH FLORIDA INC.

DOCUMENT NUMBER: N06000006239

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

Please return all correspondence concerning this matter to the following:

ABRAHAM ZIADEH, CPA

(Name of Contact Person)

ABRAHAM ZIADHEH, CPA PA

(Firm/ Company)

3791 NW 78TH AVE #14

(Address)

HOLLYWOOD, FL 33024

(City/ State and Zip Code)

abraham.ziadeh@gmail.com

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

For further information concerning this matter, please call:

ABRAHAM ZIADEH

(Name of Contact Person)

at (954) 651-1410

(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

INDEPENDENT SOLUTIONS OF SOUTH FLORIDA, INC

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

N06000006239

(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:

EMPOWERING CHILDREN AND FAMILIES, INC.

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**)

C. Enter new mailing address, if applicable:

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

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DIVISION OF CORPORATIONS
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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:

New Registered Office Address:

_____ (Florida street address)

_____, Florida _____
(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>LYNN M. SCHMIDT</u>	<u>645 TOLL GATE ROADE</u> <u>SUITE 140</u> <u>ELGIN, IL 60123</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>GONZALO RODRIGUEZ</u>	<u>13080 SW 54TH COURT</u> <u>MIRAMAR, FL 33027</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>CFO</u>	<u>TERRI L SKAPYAK</u>	<u>1114 LUMSDEN TRACE CIRCLE</u> <u>VALRICO, FL 33594</u>	<input checked="" 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)

NEW MISSION STATEMENT (ARTICLE III):

TO ACTIVELY DEVELOP EDUCATIONAL OPPORTUNITIES FOR AT-RISK YOUTH AND
TO PROVIDE ECONOMIC AVENUES FOR UNDERPRIVILEGED FAMILIES TO ENABLE
THEM TO PARTICIPATE IN THE ECONOMIC MAINSTREAM OF SOCIETY. THE
ORGANIZATION'S MAIN FOCUS IS ON EDUCATION, SOCIAL SERVICES, CULTURAL
AWARENESS AND ECONOMIC EMPOWERMENT.

CONTINUATION PAGE.....

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>
S	JOELLE VALME	627 SW 27TH AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33435	<input type="checkbox"/> Remove
D	GLENN RICE	2114 N. FLAMINGO RD #1140	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33028	<input checked="" 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)

See Above....


The date of each amendment(s) adoption: AUGUST 1, 2010

Effective date if applicable: AUGUST 1, 2010
(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 AUGUST 1, 2010

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)

GLENN RICE
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)