

N6700000 4555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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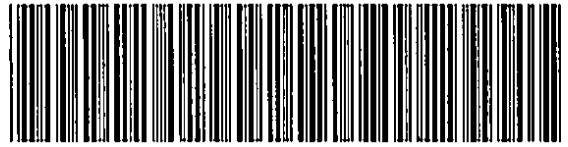
(Business Entity Name)

(Document Number)

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FILED  
19 MAY 24 AM 11:44  
TALLAHASSEE, FLORIDA

MAY 28 2019  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2019

PHYLLIS A WILSON  
2849 SWEETSPIRE CIRCLE  
KISSIMMEE, FL 34746

SUBJECT: LOVING LASTING MEMORIES/MEMOIRS FOUNDATION, INC.  
Ref. Number: N07000004555

We have received your document for LOVING LASTING MEMORIES/MEMOIRS FOUNDATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

CANNOT USE PROFIT BENEFIT FORM

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 119A00009746

IVED

PH 1:08  
CLERK  
2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LOVING LASTING MEMORIES/MEMOIRS FOUNDATION, INC.

**DOCUMENT NUMBER:** N07000004555

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

Please return all correspondence concerning this matter to the following:

PHYLLIS A. WILSON

(Name of Contact Person)

LOVING LASTING MEMORIES/MEMOIRS FOUNDATION, INC.

(Firm/ Company)

2849 SWEETSPIRE CIRCLE

(Address)

KISSIMMEE, FL. 34746

(City/ State and Zip Code)

LLMCELEBS@AOL.COM

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

For further information concerning this matter, please call:

PHYLLIS WILSON

(954) 873 1406

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 type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

LOVING LASTING MEMORIES/MEMOIRS FOUNDATION, INC.

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

N07000004555

(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:**

N/A

*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**)

N/A

**C. Enter new mailing address, if applicable:**

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

N/A

**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:*

N/A

*New Registered Office Address:*

N/A

(Florida street address)

(City)

Florida

(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*

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TALLAHASSEE, FLORIDA  
CLERK OF THE CIRCUIT COURT

**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			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<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)*

On April 17th, 2018 the Board Members of Loving Lasting Memories/ Memoirs Foundation unanimously agreed to continue in our efforts of bringing much needed programs, resources, education and training to our elderly seniors and youth.

Hope/Esperanza under the direction of Ana Rivera has joined forces with Loving Lasting Memories, to further assist in our efforts of advocacy, enhancement, and enrichment of both entities.

We welcome Ms .Ana Rivera and Hope/Esperanza in becoming a part of Loving Lasting Memories/Memoirs Foundation ever growing family. We look forward in working together with our new partner to further provide services, expanding to areas and locations and a broader population of elderly and youth programs.

APRIL 17, 2018

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

Effective date if applicable: IMMEDIATELY

(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 2/07/2019

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)

PHYLLIS A. WILSON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



LLMM

2849 Sweetspire Circle / Kissimmee, FL. 34746

Phones: (954) 873- 1406 \* Fax: (407) 201-2631

Hello,

We are resending the amended copy on the proper form. I'm so very sorry for the mishap in filing with the wrong forms. We pray that THIS time everything has been corrected and filed properly. We are really trying to expedite this issue, as this is the third mishap (all on our part). Our office volunteers are all seniors donating their time and skills. Praying this third time is perfect, or close to it.

If there are any other mishaps, please feel free to contact me at: E-mail: LLMCELEBS@aol.com Phone: 954 873 1406 or Fax: 407 201 2631.  
Thank You so very much.

Respectfully,

Phyllis A. Wilson, President