

N07000006149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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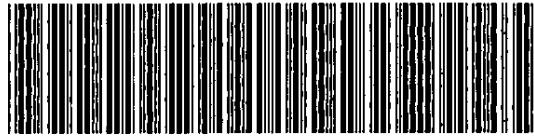
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
Tewis
5-3-10*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Glimmer of Life Foundation, Inc.

DOCUMENT NUMBER: N07000006149

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

Please return all correspondence concerning this matter to the following:

Eleonora Bonfini

(Name of Contact Person)

Glimmer of Life Foundation, Inc.

(Firm/ Company)

9003 Taft Street

(Address)

Pembroke Pines, Florida 33024

(City/ State and Zip Code)

glimmeroflife@aol.com

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

For further information concerning this matter, please call:

Eleonora Bonfini

(Name of Contact Person)

at (954) 658-3740

(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

GLIMMER OF LIFE FOUNDATION, INC.

9003 TAFT STREET

PEMBROKE PINES, FLORIDA 33024-4676

954.658.3740

985.436.7896 fax

April 27, 2010

Secretary of State Division of Corporations
Clifton Building
Amendment Section
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: GLIMMER OF LIFE FOUNDATION, INC.
Articles of Amendment to Articles of Incorporation, Inc.

Gentlemen:

Pursuant to my conversation with Tina and Cheryl (850) 245-6050 (3) of your office on this date, enclosed herewith please find the following regarding the above-referenced matter:

1. Original and one copy of Articles of Amendment to Articles of Incorporation, Inc., of Glimmer of Life Foundation, Inc.;
2. Glimmer of Life Foundation, Inc., check number 1011 in the amount of \$43.75 to cover the Filing Fee of \$35.00 and Certified Copy Fee of \$8.75;
3. Return FedEx envelope with Airbill Tracking number 8645 1029 0090.

If the Articles of Amendment to Articles of Incorporation, Inc., meet with approval, please return a certified copy of same to the undersigned in the enclosed pre-paid FedEx envelope (Airbill Tracking #8645 1029 0090). Should you have any questions or concerns regarding this matter, please do not hesitate to telephone the undersigned. If necessary, I will accept a collect telephone call from your office.

Thank you in advance for your assistance in this very important matter.

Sincerely,

Glimmer of Life Foundation, Inc.


Eleonora Bonfini, President
EB/sca
Enclosures

Articles of Amendment
to
Articles of Incorporation
of

FILED

2010 APR 29 P 2:03

GLIMMER OF LIFE FOUNDATION, INC.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N07000006149

(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**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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)

ARTICLE II, PURPOSE, amended to include the following language:

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Revenue Code, or corresponding section of any future tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets are not disposed of shall be disposed by a Court of Competent Jurisdiction of the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: April 27, 2010
(date of adoption is required)

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 April 27, 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)

Eleonora Bonfini

(Typed or printed name of person signing)

President

(Title of person signing)