

NC 700000 7959

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status ✓

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EFFECTIVE DATE  
5-25-12

2012 APR 12 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

NCfAmend  
  
4/12/12

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ILORMISE'S LEGAL CLINIC - HELP FEED THIS FAMILY, INC.

DOCUMENT NUMBER: NO7000007959

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

Please return all correspondence concerning this matter to the following:

FRANKLIN SENECHARLES

(Name of Contact Person)

HELP FEED THIS FAMILY, INC.

(Firm/ Company)

3870 68<sup>TH</sup> AVE NE

(Address)

NAPLES, FL 34120

(City/ State and Zip Code)

ILORMISE3@GMAIL.COM

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

For further information concerning this matter, please call:

FRANKLIN SENECHARLES at (239) 207-8026

(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

Articles of Amendment  
to  
Articles of Incorporation  
of

EFFECTIVE DATE  
5-25-12

FILED  
2012 APR 12 AM 11:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ILORMISE'S LEGAL CLINIC - HELP FEED THIS FAMILY, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

NO 70000007959

(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:

ILORMISE'S LEGAL CLINIC - HAITI EDUCATION FUND, 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)

3870 68<sup>TH</sup> AVE. RT# EAST  
NAPLES, FL 34120

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3870 68<sup>TH</sup> AVE NE  
NAPLES, FL 34120

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

N/A

New Registered Office Address:

(Florida street address)

N/A

(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.

N/A

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:  
☒ Change      PT      John Doe  
☐ Remove      V      Mike Jones  
☐ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
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)

NA

The date of each amendment(s) adoption: \_\_\_\_\_

4-9-12

Effective date if applicable: \_\_\_\_\_

MAY 25, 2012  
(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

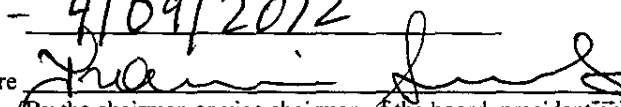
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ 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

4/09/2012

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)

FRANKLIN SENECHARLES

(Typed or printed name of person signing)

EXECUTIVE DIRECTOR

(Title of person signing)