

NO7000011238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

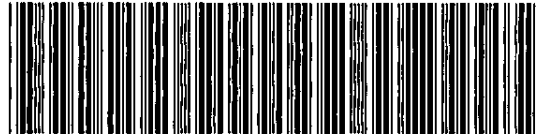
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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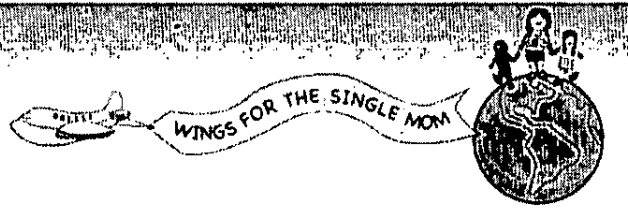
11/17/08--01052--001 **43.75

FILED
08 NOV 17 PM 1:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

Amend v N.C.
C.COULLIETTE

NOV 21 2008

EXAMINER



1200 Anastasia Avenue, Suite #440
Coral Gables, FL 33134

info@wingsforthesinglemom.org
www.wingsforthesinglemom.org

Maria T. Santi
Executive Director
305.926.7190

Mark Perreault
Director
850.217.9514

November 13, 2008

VIA OVERNIGHT FEDEX

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Wings for the Single Mom
Document #N07000011238

Dear Sir or Madam:

Enclosed please find an amendment to be filed for the above-referenced non-profit corporation as well as check #2358 in the amount of \$43.75. We ask that you please expedite this request as best you can.

If you have any questions or need any additional information, please do not hesitate to contact me at (305) 926-7190 or msanti@wingsforthesinglemom.org. Thank you for your assistance regarding this matter.

Sincerely,

Maria T. Santi
Executive Director

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Wings for the Single Mom, Corp.

DOCUMENT NUMBER: N07000011238

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

Please return all correspondence concerning this matter to the following:

Maria T. Santi
(Name of Contact Person)

Wings for the Single Mom
(Firm/ Company)

1200 Anastasia Avenue, #440
(Address)

Coral Gables, FL 33134
(City/ State and Zip Code)

For further information concerning this matter, please call:

Maria T. Santi at (305) 926-7190
(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

Wings for the Single Mom, Corp.

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

N07000011238

(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:

Children First Foundation USA, Corp.

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)

1200 Anastasia Avenue

Suite 440

Coral Gables, FL 33134

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1200 Anastasia Avenue

Suite 440

Coral Gables, FL 33134

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
D	Melissa Capo-Pena	4754 SW 72 AVENUE MIAMI FL 33155	<input type="checkbox"/> Add <input checked="" 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)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: November 1, 2008

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 11/13/08

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)

Maria T. Santi

(Typed or printed name of person signing)

Executive Director

(Title of person signing)