

N08000002288

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Amend
08/15/13
DZ

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bedtime Bundles, Inc.

DOCUMENT NUMBER: N08000002288

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

Please return all correspondence concerning this matter to the following:

Karen Saeks

(Name of Contact Person)

Bedtime Bundles, Inc.

(Firm/ Company)

951 North Collier Blvd.

(Address)

Marco Island, FL 34145

(City/ State and Zip Code)

karen@bedtimebundles.org

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

For further information concerning this matter, please call:

Karen Saeks

(Name of Contact Person)

at 239

(Area Code & Daytime Telephone Number)

393-3415

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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



WOODWARD, PIRES & LOMBARDO, P.A.

ATTORNEYS AT LAW

CRAIG R. WOODWARD
Board Certified: Real Estate

MARK J. WOODWARD
Board Certified: Real Estate

ANTHONY P. PIRES, JR.
Board Certified: City, County,
and Local Government

J. CHRISTOPHER LOMBARDO
Board Certified: Marital
and Family Law

JENNIFER L. DEVRIES

JENNIFER M. TENNEY

MATTHEW P. FLORES

August 9, 2013

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: **Amended** - Articles of Inc. for Bedtime Bundles, Inc.

Dear Ladies/Sirs:

Enclosed please find an original and one (1) copy of the amended Articles of Incorporation (Article IV) on a State form, and a check for \$43.75 for filing fees and for a certified copy for the above referenced organization.

Should you have any questions, please feel free to contact me at (239) 394-5161.

Sincerely yours,

Craig R. Woodward

REPLY TO:

☐ 3200 TAMiami TRAIL N.
SUITE 200
NAPLES, FL 34103
239-649-6555
239-649-7342 FAX

☒ 606 BALD EAGLE DRIVE
SUITE 500
P.O. BOX ONE
MARCO ISLAND, FL 34146
239-394-5161
239-642-6402 FAX

WWW.WPL-LEGAL.COM

Enclosures as noted
CRW/gd

Real Estate Files\Sacks, Karen, Bedtime Bundles (17412 1 of 2 files-See Corp. Sacks)\Letter to Dept. of State with Amended Articles of Incorp. doc

Articles of Amendment
to
Articles of Incorporation
of

Bedtime Bundles, Inc.

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

N08000002288

(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

(Florida street address)

New Registered Office 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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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)

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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	N/A	_____
<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)

Replace existing Article IV with:

"This corporation is a charitable not for profit corporation organized and operated for charitable purposes including to collect and distribute basic living necessities and to administer aid in other forms to Florida's migrant children, their families and the underserve living in Collier County, Florida and to exclusively receive and administer funds for charitable and education purposes within the meaning of Seciton 501 (c) (3) of the Internal Revenue Code, as it now exists or as hereafter amended (the "Code"), or the corresponding provisions of any future United States Revenue law, including within such purposes the making of distributions to organizations that qualify as exempt organizations under Section 501 (c)(3) of the Code."

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

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 August 6, 2013

Signature Karen C. Sacks

(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)

KAREN C. SACKS

(Typed or printed name of person signing)

Founder

(Title of person signing)