

No8000003 857

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

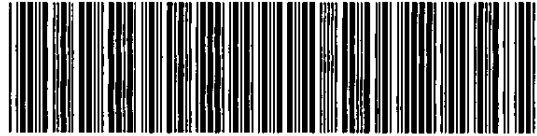
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09 APR -2 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name Change  
&  
Amendment

04-9-09

DC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Trauma Resolution Center, Inc.

**DOCUMENT NUMBER:** N08000003857

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

Please return all correspondence concerning this matter to the following:

Nadine Greene

(Name of Contact Person)

Trauma Resolution Center

(Firm/ Company)

16313 SW 99th Place

(Address)

Miami, Florida 33157

(City/ State and Zip Code)

For further information concerning this matter, please call:

Nadine Greene

(Name of Contact Person)

at ( 305 ) 374-9990

(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

Trauma Resolution Center, Inc.

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

N08000003857

(Document Number of Corporation (if known))

FILED  
09 APR -2 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 House of the Fifth Sun, 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**)

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:

(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

**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>
<u>Pres</u>	<u>Luis Collazo</u>	<u>16313 SW 99th Place</u> <u>Miami, Florida 33157</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>Pres</u>	<u>Jill Rapperport</u>	<u>16313 SW 99th Place</u> <u>Miami, Florida 33157</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>                    </u>	<u>                    </u>	<u>                    </u>	<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)*

The mission of the House of the Fifth Sun is to provide a trauma-  
informed living facility for homeless unaccompanied refugee youth that  
teaches them skills needed to contribute to and thrive in a Greener and  
more peaceful world. Further, the mission of the program is to provide  
a replicable, holistic model that is research-based and relevant to  
everyone, regardless of race or creed. The services program include  
home schooling in basic educational courses, vocational skills related to  
alternative energy sources and organic farming as well as individual,  
trauma-specific treatment, psycho-educational groups, Eastern practices  
such as breath work, yoga and meditation, advocacy, massage, chiropractic and medical services.

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The date of each amendment(s) adoption: 2/15/09

Effective date if applicable: 3/1/09  
(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 3/31/09

Signature Teresa Descala  
(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)

Teresa Descala  
(Typed or printed name of person signing)

Executive Director  
(Title of person signing)