## N0800009279

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: The Fill A He	eart Group, Incorporated	
DOCUMENT NUM	BER: N08000009279		
The enclosed Article	s of Amendment and fee a	are submitted for filing.	
Please return all corr	espondence concerning th	is matter to the following:	
<u>Laura</u>	A. Cordiviola		
	(Name	of Contact Person)	
The F	II A Heart Group		
	(Fi	rm/ Company)	
8419	Glengarry Place		
		(Address)	
Trinity	, Florida 34655-4563		·
	(City/ S	State and Zip Code)	
For further informati	on concerning this matter,	please call:	
Laura A. Cordiviol	a f Contact Person)	at ( 727 ) 375-926: (Area Code & Daytime	
Enclosed is a check f	or the following amount r	nade payable to the Florida Dep	artment 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 Add		Street Address Amendment Section	• •
Amendment Section Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, l	FL 32314	2661 Executive Center Cir Tallahassee, FL 32301	cle

## Articles of Amendment to Articles of Incorporation of

The Fill A	Heart Group, I	ncorporated	
· (Name of Corporation as cur	rrently filed with th	e Florida Dept. of St	late)
N08000009279			SSTAX
<del></del>	umber of Corporatio	n (if known)	- FR
	× 77 11 0		103
rsuant to the provisions of section 617.100 following amendment(s) to its Articles of		his Florida Not For I	Proju Corporation
	-		7
If amending name, enter the new name	of the corporation:		
and the distinction of the disti			
e new name must be distinguishable and breviation "Corp." or "Inc." <u>"Company"</u>			corporatea or the
<u>Enter new principal office address, if a</u> rincipal office address <u>MUST BE A STRI</u>			
	, , , , , , , , , , , , , , , , , , ,		
	•		<del></del>
Enter new mailing address, if applicab			
(Mailing address MAY BE A POST OF)	FICE BOX)		
	_		
	_		
	-		
If amending the registered agent and/o	r registered office a	ddress in Florida, er	iter the name of the
new registered agent and/or the new re	gistered office addr	ess:	<del></del>
Name of New Registered Agent:	•		
New Registered Office Address:	Florid	a street address)	<del></del>
New Registered Office Hauress.	(1 lonta	istreet address)	
			, Florida
		(City)	(Zip Code)
w Registered Agent's Signature, if chan-	ging Registered Age	ent:	
ereby accept the appointment as register sition.			ept the obligations of t
<del></del>	Signature of New D	paistored Agent if ch	

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>	Type of Action
			Add Remove
<del></del>			
(attach ac	ling or adding additional Articles, dditional sheets, if necessary). (Be		
(a) Exclusiv	ely charitable, literary, scientific, ph	ilanthropic fund raising, and e	ducational purposes
related to br	east cancer within the meaning of se	ction 501(c)(3) of the Internal	revenue Code of 1986.
(b) Notwitl	hstanding any other provisions	of these articles, this ord	anization shall not carry
on any ac	tivities not permitted to be carr	ied on by an organization	exempt from Federal
income tax	x under section 501 (c)(3) of th	e Internal revenue Code	of 1986 or the
correspon	ding provision of any future Ur	nited States Internal Reve	enue law.
(c) Upon d	dissolution of the corporation, a	ssets shall be distributed	l for one or more exempt
purposes	within the meaning of section !	501 (c)(3) of the Internal I	Revenue Code or
correspon	ding section of any future fede	ral tax code, or shall be o	distributed to the federal
governme	nt, for a public purpose. Any s	uch assets not so dispos	ed of shall be disposed
they the C	Court of Common Pleas of the	country in which the princ	ipal office of the
corporatio	n is then located, exclusively f	or such purposes or to th	e such organization,
as said Co	ourt shall determine, which are	organized and operated	exclusively for such
purposes.			

## 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>	Type of Action
•			
			Add Remove
	-		
(attach a	additional sheets, if necessar Purpose (cont'd)	Articles, enter change(s) here: ry). (Be specific)  Ill powers, rights, privileges conferm	
•		e of Florida.	
<del> </del>			
··			

The date of each amendment	(s) adoption: <u>11/10/2008</u>
Effective date if applicable:	11/10/2008
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) toval.
There are no members or radopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
DatedSignature	many 7 2009 Xan- an Codile
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Typed or printed name of person signing)
	President
	(Title of person signing)

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