

N08000010372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entry Name)

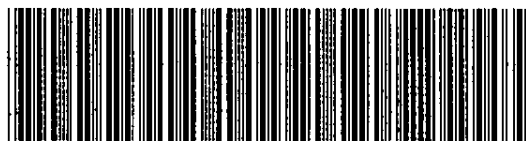
(Document Number)

Certified Copies _____

Certificates of Status ☒

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Office Use Only



500163691545

12/18/09--01014--004 **35.00

12/18/09--01014--005 **8.75

FILED
2010 JAN 27 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

JAN 27 2010

ALLIANCE THEATRE LAB

December 7, 2009

The Alliance Theatre Lab, Inc.
15133 SW 142nd Court
Miami, FL 33186

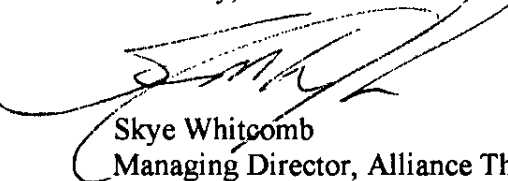
Department of State
Division of Corporate Filing
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

Enclosed please find the amended articles of incorporation for the Alliance Theatre Lab, Inc. (EIN 20-1727247). Please file these amended articles with all necessary parties and divisions. As well, I have enclosed company checks for the filing fees.

Please let me know if there is anything else we need to do to complete or expedite this process.

Sincerely,



Skye Whitcomb

Managing Director, Alliance Theatre Lab, Inc.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE ALLIANCE THEATRE LAB, INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

ALBERTO J. LEEVEDO
(Name of Contact Person)

THE ALLIANCE THEATRE LAB, INC.
(Firm/ Company)

15133 SW 142ND COURT
(Address)

MIAMI, FL 33186
(City/ State and Zip Code)

THEALLIANCELAB@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SKYE WHITCOMB at (912) 484-0418
(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status
(ALREADY SUBMITTED) | <input 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2009

SKYE WHITCOMB
THE ALLIANCE THEATRE LAB, INC
15133 SW 142ND CT
MIAMI, FL 33186

SUBJECT: THE ALLIANCE THEATRE LAB, INC
Ref. Number: N08000010372

We have received your document for THE ALLIANCE THEATRE LAB, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 409A00038714

Articles of Amendment
to
Articles of Incorporation
of

FILED
2010 JAN 27 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE ALLIANCE THEATRE LAB, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

(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:

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**)

15133 SW 142ND CT.
MIAMI, FL 33186

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

15133 SW 142ND CT.
MIAMI, FL 33186

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

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>
_____	_____	_____	<input type="checkbox"/> Add <input 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)

Adding:

- Article VIII, Section A: SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.
- Article VIII, Section B: (UPON THE DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY A COURT OF COMPETENT JURISDICTION OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE ORGANIZATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.

The date of each amendment(s) adoption: November 11, 2009
(date of adoption is required)

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 January 7, 2010

Signature [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)

Alexander Wilmerding
(Typed or printed name of person signing)

Secretary, Board of Directors
(Title of person signing)