

NO8000011541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

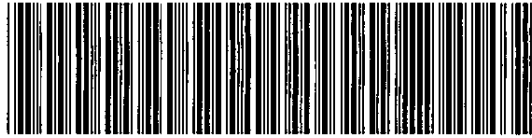
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 29 PM 3:40

Amend
C.COULLIETTE

JUL 29 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sharing Is Caring Inc

DOCUMENT NUMBER: N08000011541

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

Please return all correspondence concerning this matter to the following:

Aaron Swimmer

(Name of Contact Person)

Swimmer Law Associates, P.A.

(Firm/ Company)

1680 Michigan Ave, Suite 1014

(Address)

Miami Beach Florida 33139

(City/ State and Zip Code)

als@SwimmerLawAssociates.com

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

For further information concerning this matter, please call:

Aaron Swimmer

(Name of Contact Person)

at (305) 535-0808

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2009

AARON SWIMMER
SWIMMER LAW ASSOCIATES, P.A.
1680 MICHIGAN AVE., STE 1014
MIAMI BEACH, FL 33139

SUBJECT: SHARING IS CARING INC.
Ref. Number: N08000011541

We have received your document for SHARING IS CARING INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 509A00024990

RECEIVED
2009 JUL 29 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Done!

Thanks

AARON SWIMMER

Articles of Amendment
to
Articles of Incorporation
of

Sharing Is Caring Inc

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

N08000011541

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 29 PM 3:40

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)

191 N. Hibiscus Dr

Miami Beach Florida 33139

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

191 N. Hibiscus Dr

Miami Beach Florida 33139

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:

Aaron Swimmer

New Registered Office Address:

1680 Michigan Ave, Suite 1014

(Florida street address)

Miami Beach

(City)

Florida 33139

(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

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: July 10, 2009

(date of adoption is required)

Effective date if applicable: July 10, 2009

(no more than 90 days after amendment file date)

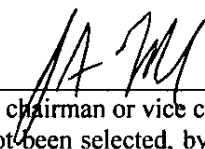
Adoption of Amendment(s)

(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 July 14, 2009

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)

Jonathon Marden

(Typed or printed name of person signing)

CEO

(Title of person signing)