

N10000000799

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(City/State/Zip/Phone #)

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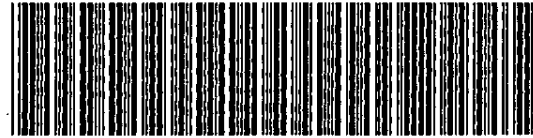
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Nina Hart Foundation Inc. (old)

DOCUMENT NUMBER: N100000000799

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

Please return all correspondence concerning this matter to the following:

Nina Hart

(Name of Contact Person)

(Firm/ Company)

10741 Pine Lodge Trail

(Address)

Davie, FL 33328

(City/ State and Zip Code)

Sixhearts publishing@gmail.com

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

For further information concerning this matter, please call:

Nina Hart

(Name of Contact Person)

at (954) 593-9715

(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

Nina Hart Foundation Inc.

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

110000000799

(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:**

FREE ME, INCORPORATED (non-profit).

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**)

10741 Pine Lodge Trail  
Davie, FL 33328

**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:

N/A, 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.

N/A  
Signature of New Registered Agent, if changing

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SECRETARY OF STATE

**IF AMENDING the OFFICERS and/or DIRECTORS, please list an OFFICER/DIRECTOR of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

*(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)*

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>D/P</u>	<u>Nina Hart</u>	<u>10741 Pine Lodge Tr</u> <u>Davie, FL 33328</u>
2) <u>IV/P</u>	<u>Leneen Williams</u>	<u>10741 Pine Lodge Trail</u> <u>Davie, FL 33328</u>
3) <u>D</u>	<u>Paul Campbell</u>	<u>10741 Pine Lodge Trail</u> <u>Davie, FL 33328</u>
4) <u>S</u>	<u>Trish Ann Campbell</u>	<u>10741 Pine Lodge Trail</u> <u>Davie, FL 33328</u>
5) <u>T</u>	<u>Leighton Campbell</u>	<u>10741 Pine Lodge Trail</u> <u>Davie, FL 33328</u>
6) _____	_____	_____

**IF REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) _____	<u>N/A</u>	4) _____	<u>N/A</u>
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

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

Page 3 of 4

Date of adoption 11/28/11  
The date of each amendment(s) adoption.

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 11/28/11

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)

Nina Hart

(Typed or printed name of person signing)

Director / President

(Title of person signing)