

**N10000001448**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

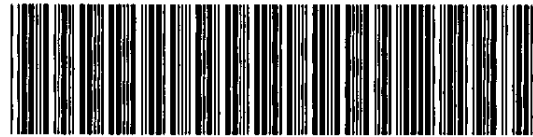
(Business Entity Name)

(Document Number)

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APPROVED  
AND  
FILED

13 DEC -9 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

DEC 13 2013

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2013

DONNA ORTIZ / KIDS N CRISIS INC  
5844 NW ZENITH DRIVE  
PORT ST LUCIE, FL 34986

SUBJECT: KIDS N CRISIS, INC.  
Ref. Number: N10000001448

We have received your document for KIDS N CRISIS, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 413A00026700

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

RECEIVED

13 NOV 18 PM 2:49

NAME OF CORPORATION:

Kids N Crisis

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT NUMBER:

N100000001448

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

Please return all correspondence concerning this matter to the following:

Donna Ortiz

(Name of Contact Person)

Kids N Crisis Inc.

(Firm/ Company)

5844 N.W.-Zenith Drive

(Address)

Port Saint Lucie, FL 34986

(City/ State and Zip Code)

stardreams1@yahoo.com

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

For further information concerning this matter, please call:

Donna Ortiz

(Name of Contact Person)

at (954) 588-8832

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

APPROVED  
AND  
FILED

13 DEC -9 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Kids N Crisis Inc.

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

NI0000001448

(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:**

NA

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**)

NA

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

NA

**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:

NA

(Florida street address)

New Registered Office Address:

NA

(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.

NA

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

|  |           |                    |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input checked="" type="checkbox"/> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <input checked="" type="checkbox"/> Add    | <u>SV</u> | <u>Sally Smith</u> |

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change

☒ Add

☐ Remove

DS

KENYA GAINES

2781  
2781 S. Oakland Forest Drive  
Oakland Park, FL 33309

2) ☐ Change

☐ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

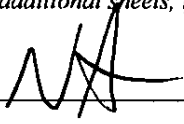
6) ☐ Change

☐ Add

☐ Remove

**E. If amending or adding additional Articles, enter change(s) here:**

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



APPROVED  
AND  
FILED

The date of each amendment(s) adoption: NA  
date this document was signed.

13 DEC -9 PM 2: 15

Effective date if applicable: NA

(no more than 90 days after amendment file date)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

11-12-13

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)

Donna Ortiz

(Typed or printed name of person signing)

President

(Title of person signing)