

110000002476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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02/27/12--01015--009 **43.75

APPROVED
AND
FILED
12 MAR -6 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 13 2012
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CARIBBEAN CHILDREN FOUNDATION, INC.

DOCUMENT NUMBER: N10000002476

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

Please return all correspondence concerning this matter to the following:

DINER ALDEUS

(Name of Contact Person)

CARIBBEAN CHILDREN FOUNDATION, INC

(Firm/ Company)

PO BOX 25058

(Address)

TAMARAC, FLORIDA 33320

(City/ State and Zip Code)

DALDEUS0550@YAHOO.COM

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

For further information concerning this matter, please call:

DINER ALDEUS

(Name of Contact Person)

at (954) 933-7585

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

CaringHands International, Inc
C/O Diner Aldeus
Po Box 25058
Tamarac, FL 33320

March 2, 2012

State of Florida
Department of Corporations
Amendment Sections
Po Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

I have received your notice in regards to the filling of the new name of the foundation Caribbean Children Foundation, Inc. Reference number: N10000002476. After careful review and consideration we have decide to make corrections to it as requested. Therefore, the new name for the foundation is going to be CaringHands International, Inc. After careful review in corporation with the names already registered in your data base this name should resolve the problem. However, in the envelope you have returned the filling fee was not returned back to me. I hope you take a look into that please because it was not included with the other documents. The payment was an actual money order not a paper check like it is mention in your letter.

Sincerely,

Diner Aldeus
CaringHands International, Inc.
Co-Founder and Secretary

RECEIVED

12 MAR -6 AM 8:44

STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2012

DINER ALDEUS
P.O. BOX 25058
TAMARAC, FL 33320

SUBJECT: CARIBBEAN CHILDREN FOUNDATION, INC.
Ref. Number: N10000002476

We have received your document for CARIBBEAN CHILDREN FOUNDATION, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 112A00007974

Articles of Amendment
to
Articles of Incorporation
of

CARIBBEAN CHILDREN FOUNDATION, INC

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

N10000002476

(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:

CARINGHANDS INTERNATIONAL, INC.

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**)

C. Enter new mailing address, if applicable:

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

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:

(Florida street address)

New Registered Office 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

APPROVED
FILED
12 MAR -6 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change	_____	_____	_____ _____ _____

[illegible]

The date of each amendment(s) adoption: 02/27/2012

Effective date if applicable: 02/27/2012
(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 03/01/2012

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)

DINER ALDEUS

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)