

N100000003240

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

SEP 29 2010

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: Faces of Sickle Cell Disease Inc

DOCUMENT NUMBER: N1000003240

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

Please return all correspondence concerning this matter to the following:

Victoria Frittitta
(Name of Contact Person)

Faces of Sickle Cell Disease Inc
(Firm/ Company)

7133-4 Almendro Terrace
(Address)

Fort Myers, FL 33907
(City/ State and Zip Code)

victoria.frittitta@facesofscd.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vikki Glarum at (239) 278-5654
(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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 15, 2010

VICTORIA FRITTITTA
FACES OF SICKLE CELL DISEASE INC
7133-4 ALMENDRO TERR
FORT MYERS, FL 33907

SUBJECT: FACES OF SICKLE CELL DISEASE INC
Ref. Number: N10000003240

We have received your document for FACES OF SICKLE CELL DISEASE 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):

Please list the title(s) of each officer in your document.

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: 710A00022010

Articles of Amendment
to
Articles of Incorporation
of

FILED
2010 SEP 29 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Faces of Sickle Cell Disease Inc

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

N10000003240

(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**)*

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: _____

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>
<u>A Sec</u>	<u>Dianne Anderson</u>	<u>7133-4 Almendro Terrace</u> <u>Fort Myers, FL 33907</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Tresur</u>	<u>Carla Lewis</u>	<u>478 Acacia Tree Way</u> <u>Kissimmee, FL 34758</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<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)

Article 111: additional information-To actively engage in promoting public awareness
Of Sickle Cell disease throughout the state and within our community.
To assist in the education of the medical profession of the needs
of all sickle cell patients throughout the world.

Article V11: to amend the title of Donna Galassi to assistant vice president

The date of each amendment(s) adoption: September 1, 2010
(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 September 22, 2010

Signature Victoria Frittitta

(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)

Victoria Frittitta

(Typed or printed name of person signing)

Secretary

(Title of person signing)