

**N/1000000 3537**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

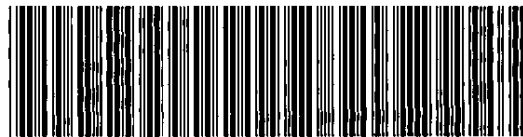
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Approved*  
*[Signature]*

*8/11/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Mirror of Prosperity INC

**DOCUMENT NUMBER:** 1110000003537

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

Please return all correspondence concerning this matter to the following:

Sandra Alli

(Name of Contact Person)

Mirror of Prosperity INC

(Firm/ Company)

285 N.E. 78<sup>th</sup> Street apt 1

(Address)

Miami, FL 33138

(City/ State and Zip Code)

sdotalli@hotmail.com

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

For further information concerning this matter, please call:

Sandra Alli

(Name of Contact Person)

at (305) 793-6264

(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

MIRROR OF PROSPERITY INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

N10000003537  
(Document Number of Corporation (if known))

FILED  
2010 AUG -9 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<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)*

Adding additional Articles: Attached  
is page 3 of IRS requirements please  
include the highlighted section A &  
B of what the IRS specifically wants  
in Articles of Incorporation.

MIRROR OF PROSPERITY INC  
27-2369035

Additional Information Requested:

1. Your Articles of Incorporation do not include adequate purpose or dissolution clauses. Please amend your Articles of Incorporation using the purpose clause in paragraph (A) and the dissolution clause in paragraph (B) to satisfy our requirements. Please note that it is not enough to include the requested language in your bylaws.

(A) Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

(B) Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which the principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Because you are incorporated, the amendment must be filed with and approved by the appropriate state official, and you must submit a complete copy of the amended document bearing proof that it has been filed by the state in which you are incorporated. Please note that we cannot accept a copy stamped "Received".

2. You indicated that you will provide transitional housing. Please submit the following:
  - A. Specify in what name title to the deeds of homes and buildings are or will be held, including land on which the facility may or will be constructed
  - B. Identify with whom you have or will have such arrangements, including whether you will purchase goods or assets from your officers or directors or their relatives, or organizations in which such individuals have a financial interest
  - C. Indicate where the activities are conducted if there are no current plans to construct or purchase a facility
  - D. Specify whether fees are charged to residents (if so, please describe how they are determined, provide a schedule of fees and indicate whether you will accept individuals who are unable to pay)
  - E. Specify how many individuals do or will reside at your facility
  - F. Specify the length of the typical stay at your facility, whether actual or anticipated

The date of each amendment(s) adoption: April 08, 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 8/7/2010

Signature [Handwritten 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)

Sandra Alli  
(Typed or printed name of person signing)

President  
(Title of person signing)