

N110000000696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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03/11/13--01012--030 **43.75

FILED
2013 MAY -9 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 09 2013

T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2013

MIRIAM VOLTAIRE
5190 NW 167 ST STE 3041A
MIAMI GARDENS, FL 33014

SUBJECT: FALLING ANGELS COMMUNITY OUTREACH, INC.
Ref. Number: N11000000696

We have received your document for FALLING ANGELS COMMUNITY OUTREACH, 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 check the appropriate box on the amendment form regarding the adoption of the amendment(s).

D/B/A'S are not filed as part of the corporation, they are filed separate.

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.

Tina Roberts
Regulatory Specialist II

Letter Number: 413A00006004

RECEIVED
13 MAY - 9 AM 8:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **Falling Angels Community Outreach, Inc.**

DOCUMENT NUMBER: **N11000000696**

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

Please return all correspondence concerning this matter to the following:

MIRIAM VOLTAIRE

(Name of Contact Person)

(Firm/ Company)

5190 NW 167 Street Suite 304A

(Address)

Miami Gardens, Florida 33014

(City/ State and Zip Code)

planabiz@aol.com

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

For further information concerning this matter, please call:

MIRIAM VOLTAIRE

(Name of Contact Person)

at (**786**) **355-4948**

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

Articles of Amendment
to
Articles of Incorporation
of

Falling Angels Community Outreach, Inc.

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

N11000000696

(Document Number of Corporation (if known))

FILED
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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)

5190 NW 167 Street Suite 304A

MIAMI GARDENS, FL. 33014

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5190 NW 167 Street Suite 304A

MIAMI GARDENS, FL. 33014

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:

5190 NW 167 Street Suite 304A

(Florida street address)

New Registered Office Address:

MIAMI GARDENS,

(City)

Florida 33014

(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)

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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>BM</u>	<u>Junick Joseph</u>	<u>5190 NW 167 Street Suite 304A</u> <u>Miami Gardens, FL 33014</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>BM</u>	<u>Marjorie Jeannot</u>	<u>5190 NW 167 Street Suite 304A</u> <u>Miami Gardens, FL 33014</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>BM</u>	<u>Jean Mari St.Paul</u>	<u>5190 NW 167 Street Suite 304A</u> <u>Miami Gardens, FL 33014</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>BM</u>	<u>Bernadette Pierre</u>	<u>5190 NW 167 Street Suite 304A</u> <u>Miami Gardens, FL 33014</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>BM</u>	<u>Noel Mardona</u>	<u>15721 NW 79 Court</u> <u>Miami Lakes, FL 33016</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>BM</u>	<u>Maxon Saturne</u>	<u>5190 NW 167 Street Suite 304A</u> <u>Miami Lakes, FL 33016</u>

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

[Faint handwritten notes at the top of the page, mostly illegible.]

[The rest of the page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

The date of each amendment(s) adoption: February 25th, 2013

Effective date if applicable: February 25th, 2013

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

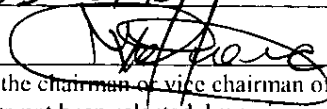
(CHECK ONE)

- ☐ 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

03-01-13

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)

Miriam Voltaire

(Typed or printed name of person signing)

CEO/President

(Title of person signing)