

N11000005054

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LoveyLoaves Inc.

DOCUMENT NUMBER: N11000005054

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

Please return all correspondence concerning this matter to the following:

Cherilyn Wells

(Name of Contact Person)

LoveyLoaves Inc.

(Firm/ Company)

1180 Chambord Ct.

(Address)

Orlando, FL 32825

(City/ State and Zip Code)

loveyloaves@gmail.com

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

For further information concerning this matter, please call:

Cherilyn Wells

407

446-2245

at ( )

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

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building

Articles of Amendment  
to  
Articles of Incorporation  
of

LoveyLoaves Inc.

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

(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.

Signature of New Registered Agent, if changing

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**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

A. The organization is organized exclusively for charitable, religious, educational, and/or scientific purposes under Internal Revenue Code section 501C3 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 section of 501c3 fo the IRS Code, or correspond section of any future federal tax code, or shall be distributed to the federal government or to a state or local government, for public purposes. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of 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.

The date of each amendment(s) adoption: \_\_\_\_\_

1-24-12

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

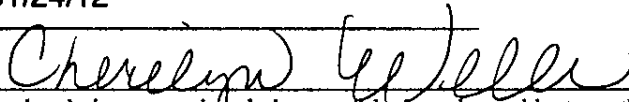
Adoption of Amendment(s)

**(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 01/24/12

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)

**Cherilyn Wells**

(Typed or printed name of person signing)

**Executive Chairman-Director**

(Title of person signing)