

N110000007297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

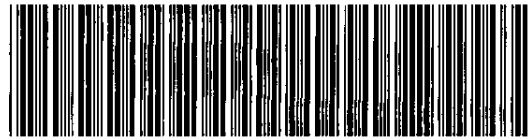
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600213358686

*Amend*

10/21/11--01011--007 \*\*35.00

FILED  
2011 NOV -8 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AOR  
11/8/11

\*00789, 01169, 00707, 00671

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LIGHTS FOR LIBERTY, INC

DOCUMENT NUMBER: NI1000007297

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

Please return all correspondence concerning this matter to the following:

GAIL TENZER  
Name of Contact Person

LIGHTS FOR LIBERTY, INC.  
Firm/ Company

4700 SHERIDAN STREET - STE J  
Address

HOLLYWOOD, FL- 33021  
City/ State and Zip Code

lightsforliberty@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAIL TENZER at ( 561 ) 926-1230  
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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(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

October 24, 2011

Gail Tenzer  
Lights for Liberty, Inc.  
4700 Sheridan Street, Ste J  
Hollywood, FL 33021

SUBJECT: LIGHTS FOR LIBERTY, INC.  
Ref. Number: N11000007297.

We have received your document for LIGHTS FOR LIBERTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 611A00024238

RECEIVED

11 NOV -8 AM 11:21

TALLAHASSEE, FLORIDA

**COVER LETTER**

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Division of Corporations

NAME OF CORPORATION: LIGHTS FOR LIBERTY, INC.

DOCUMENT NUMBER: N1000007297

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GAIL TENZER  
(Name of Contact Person)

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(Firm/ Company)

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(Address)

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(City/ State and Zip Code)

lightsforliberty@gmail.com  
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GAIL TENZER at (561) 926-1230  
(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:

☒ \$35 Filing Fee  
*Already sent w/ previous Amendment form*

☐ \$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)

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Tallahassee, FL 32314

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Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2011 NOV -8 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIGHTS FOR LIBERTY, INC.

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

N1000007297

(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)

(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

**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>
DIR.	BAT-ZION SUSSKIND-SACKS	4700 Sheridan St Ste-J Hollywood, FL 33021	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DIR.	DR. ROBERT BREGMAN, M.D.	17584 LAKE PARK RD Boca Raton, FL. 33487-1115	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
DIR.	ROBERT LOWRY	940 N Northlake Dr. Hollywood, FL 33019	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
DIR.	YOHIN POSTELNIK	2957 N. W. 27th St. Fort Lauderdale, FL.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:** 33211-2040  
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 10/2/11

*(date of adoption is required)*

Effective date if applicable: 10/19/11

*(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 Nov. 3, 2011

Signature Gail Tenzer  
(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)

GAIL TENZER  
(Typed or printed name of person signing)

DIRECTOR  
(Title of person signing)