

N11 0000008289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

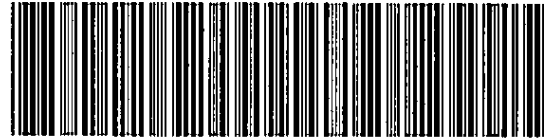
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/16/21--01007--006 **35.00

FILED
2021 OCT 12 AM 7:44
OFFICE OF STATE
ILLINOIS SEC. FILE

A. Butler
10/11/21

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: International Federation of Dyslexia and Dyscalculia Associations Inc.

DOCUMENT NUMBER: N11000008289

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

Please return all correspondence concerning this matter to the following:

Livia Pailer-Duller

(Name of Contact Person)

International Federation of Dyslexia and Dyscalculia Associations Inc.

(Firm/ Company)

442 S. Tamiami Trail

(Address)

Osprey, FL 34229

(City/ State and Zip Code)

lpd@legasthenie.com

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

For further information concerning this matter, please call:

Livia Pailer-Duller

941

7350052

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:

☒ \$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)

check
was already sent

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 12 PM 2:31

September 29, 2021

LIVIA PAILER-DULLER
INTERNATIONAL FEDERATION OF DYSLEXIA
442 S. TAMiami TRAIL
OSPREY, FL 34229 US

SUBJECT: INTERNATIONAL FEDERATION OF DYSLEXIA AND
DYSCALCULIA ASSOCIATIONS INC.
Ref. Number: N11000008289

We have received your document for INTERNATIONAL FEDERATION OF
DYSLEXIA AND DYSCALCULIA ASSOCIATIONS 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 registered agent must sign accepting the designation.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 521A00023484

Hello Anissa,
Enclosed, please find the correct form.
Thank you!
Livia 941-7350052

Articles of Amendment
to
Articles of Incorporation
of

International Federation of Dyslexia and Dyscalculia Associations Inc.

FILED

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

NT1000008289

2021 OCT 12 AM 7:44

(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:

Manfred Pailer

442 S. Tamiami Trail

(Florida street address)

New Registered Office Address:

Osprey

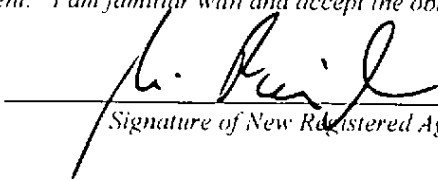
(City)

Florida 34229

(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 type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>CONKLIN, THOMAS R</u>	<u>442 S TAMiami TRAIL</u> <u>OSPREY, FL 34229</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>BOYAJIAN, SANDY</u>	<u>442 S TAMiami TRAIL</u> <u>OSPREY, FL 34229</u>
3) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>KOPP-DULLER, ASTRID</u>	<u>442 S TAMiami TRAIL</u> <u>OSPREY, FL 34229</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>PAILER-DULLER, LIVIA</u>	<u>442 S TAMiami TRAIL</u> <u>OSPREY, FL 34229</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u>

F. If amending or adding additional Articles, enter change(s) here:

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

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

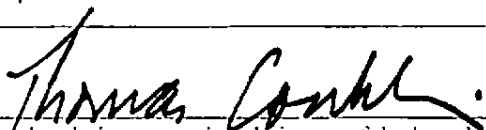
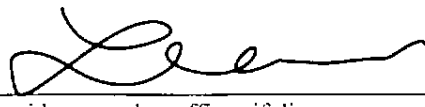
Adoption of Amendment(s) **(CHECK ONE)**

☐ 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 10th, 2021

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)

Thomas R Conklin

Livia Pailer-Duller

(Typed or printed name of person signing)

Director (old)

Director (new)

(Title of person signing)