

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : METRO BUSINESS AGENCY, INC.
Account Number : I20080000101
Phone : (239) 466-8600
Fax Number : (239) 275-0865

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: PSILVA123@MSN.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN
AUTISM FOUNDATION, INC.

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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NC
11/10/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AUTISM FOUNDATION, INC.

DOCUMENT NUMBER: N11000010395

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

Please return all correspondence concerning this matter to the following:

HANNA SRODA

(Name of Contact Person)

METRO BUSINESS AGENCY INC

(Firm/ Company)

4460 CLEVELAND AVE# E

(Address)

FORT MYERS, FL 33901

(City/ State and Zip Code)

HANNA@METROINSURANCEFL.COM

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

For further information concerning this matter, please call:

HANNA SRODA

(Name of Contact Person)

at (239)

466-8600

(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

AUTISM FOUNDATION, INC.

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

N11000010395

(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:

INTERNATIONAL AUTISM FOUNDATION, INC.

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.
 (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) P	PETRUCIA SIERAKOWSKI	3047 Estero Blvd Bldg 9 Unit 4 Fort Myers Beach, FL 33931
2) VP	CASSIA HATEM	5372 Hawks Landing Dr Apt 102 Fort Myers, FL 33907
3) D	EDWARD SIERAKOWSKI	3047 Estero Blvd Bldg 9 Unit 4 Fort Myers Beach, FL 33931
4) T	LILIANA RANDAZZO	18234 Matanzas Rd Fort Myers, FL 33967
5) S	NICELIA BORGES	3047 Estero Blvd Bldg 9 Unit 4 Fort Myers Beach, FL 33931
6)		

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) S	MARIA R. NOVELLO	4)	
2)		5)	
3)		6)	

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

Please amend the Article III as follows:

Article III – Purpose:

Our mission is to bring hope to all who deal with the hardship and struggle with disabilities, illnesses, and Autism spectrum disorder. Our goal is to improve life and treatment for those children and adult with diverse disabilities, illnesses, Autism spectrum disorder, providing resources in how to improve the health and lives with a mild hyperbaric oxygen therapy, and other natural treatment

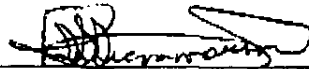
The date of each amendment(s) adoption: 11/10/2011
(date of adoption- required)
Effective date if applicable: 11/10/2011
(no more than 90 days after amendment file date)

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 11/10/2011

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)

PETRUCIA SIERAKOWSKI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)