

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SORT AFTER FOUNDATIONS, INC.

**DOCUMENT NUMBER:** N12000005462

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

Please return all correspondence concerning this matter to the following:

ARTHUR L BAIN

Name of Contact Person

Firm/ Company

1621 N DIXIE HWY

Address

FORT LAUDERDALE, FL 33305

City/ State and Zip Code

SORTAFTERBOUNDATIONS@GMAIL.COM

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

For further information concerning this matter, please call:

ARTHUR L BAIN

Name of Contact Person

at ( 954 )

835-5318

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

**SORT AFTER FOUNDATIONS, INC.**

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

**N12000005462**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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:**

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

| <u>Type of Action</u><br>(Check One)          | <u>Title</u> | <u>Name</u>           | <u>Address</u>          |
|---|--------------|-----------------------|-------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>PST</u>   | <u>ARTHUR BAIN</u>    | <u>1621 N DIXIE HWY</u> |
| <input type="checkbox"/> Add                  |              |                       | <u>FORT LAUDERDALE</u>  |
| <input type="checkbox"/> Remove               |              |                       | <u>FL, 33305</u>        |
| 2) <input type="checkbox"/> Change            | <u>S</u>     | <u>KING, MATILDA</u>  | <u></u>                 |
| <input type="checkbox"/> Add                  |              |                       | <u></u>                 |
| <input checked="" type="checkbox"/> Remove    |              |                       | <u></u>                 |
| 3) <input type="checkbox"/> Change            | <u>T</u>     | <u>BAIN, VERGIE Y</u> | <u></u>                 |
| <input type="checkbox"/> Add                  |              |                       | <u></u>                 |
| <input checked="" type="checkbox"/> Remove    |              |                       | <u></u>                 |
| 4) <input type="checkbox"/> Change            | <u></u>      | <u></u>               | <u></u>                 |
| <input type="checkbox"/> Add                  |              |                       | <u></u>                 |
| <input type="checkbox"/> Remove               |              |                       | <u></u>                 |
| 5) <input type="checkbox"/> Change            | <u></u>      | <u></u>               | <u></u>                 |
| <input type="checkbox"/> Add                  |              |                       | <u></u>                 |
| <input type="checkbox"/> Remove               |              |                       | <u></u>                 |
| 6) <input type="checkbox"/> Change            | <u></u>      | <u></u>               | <u></u>                 |
| <input type="checkbox"/> Add                  |              |                       | <u></u>                 |
| <input type="checkbox"/> Remove               |              |                       | <u></u>                 |

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

(if not applicable, indicate N/A)

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)

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

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_,"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 09/24/2013

Signature Arthur L Bain

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

**ARTHUR L BAIN**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)