

N12000006972

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Amend.
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11/20/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2012

NIKKI STEEN
LEGALFILINGS.COM
16830 VENTURA BLVD., SUITE 360
ENCINO, CA 91436-1711

SUBJECT: SICKLE CELL EDUCATION FOUNDATION CORP
Ref. Number: N12000006972

We have received your document for SICKLE CELL EDUCATION FOUNDATION CORP and your check(s) totaling \$43.75. However, the document has not been filed and is being retained in this office for the following:

PLEASE PROVIDE ATTACHMENTS MENTIONED ON PAGE 3 OF 4 OF THE ARTICLES OF AMENDMENT PER OUR PHONE CONVERSATION. ALSO, PLEASE COMPLETE PAGE 4 OF 4 ATTACHED.

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.

Darlene Connell
Regulatory Specialist II

Letter Number: 512A00027425

Legal Filings Inc

16830 Ventura Blvd, Suite 360

Encino CA 91436

818-380-1940

F) 818-380-1950

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314
ATTN: DARLENE CONNELL

Dear Darlene,

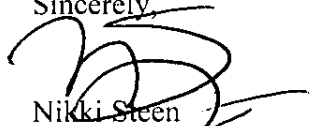
Enclosed please find two copies of Articles of Amendment for **Sickel Cell Education Foundation Corp.** The payment fee was already remitted

Please let me know if you need anything else. I can be reached at 818-380-1940 ext 373

Please send a stamped copy of the articles of amendment to:

Legalfilings.com, Inc
16830 Ventura Blvd, Suite 360
Encino CA 91436

Sincerely,



Nikki Steen
Customer Services

RECEIVED
NOV 19 AM 10:26
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Sickle Cell Education Foundation Corp

DOCUMENT NUMBER: 12000006972

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

Please return all correspondence concerning this matter to the following:

Nikki Steen

(Name of Contact Person)

LegalFillings.com

(Firm/ Company)

16830 Ventura Blvd., Suite 360

(Address)

Encino, CA 91436-1711

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Nikki Steen

(Name of Contact Person)

818 at ()

380-1940

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

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

Sickle Cell Education Foundation Corp

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

12000006972

(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:

(Florida street address)

New Registered Office 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)

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	<u>T</u>	<u>Goriola Deen</u>	<u>19428 Via Del Mar</u>
<input checked="" type="checkbox"/> Add			<u>Apt. 1</u>
<input type="checkbox"/> Remove			<u>Tampa Palms, Fl 33647</u>
2) <input type="checkbox"/> Change	<u>S</u>	<u>Pierre Joseph</u>	<u>30032 Five Farms Ave.</u>
<input checked="" type="checkbox"/> Add			<u>Zephyrhills, Fl 33543</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VP</u>	<u>Geneva Penix</u>	<u>39639 Townsend Rd</u>
<input type="checkbox"/> Add			<u>Dade City, Fl 33617</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

Article III (amended) - See the Attachment

Article VIII (added) - See the Attachment

The date of each amendment(s) adoption: 11/11/2012

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 11/11/2012

Signature [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)

Jawan Ayer-Cole

(Typed or printed name of person signing)

Director/President/CEO

(Title of person signing)

**ATTACHMENT TO ARTICLES OF AMENDMENT TO ARTICLES OF
INCORPORATION
OF
SICKLE CELL EDUCATION FOUNDATION CORP**

Article III:

This corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code. The specific purpose of this corporation is to educate individuals about sickle cell disease and increase the ability of individuals living with this disease to have a voice in the health care community.

Article VIII:

No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof.

No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under section 170 (c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas exclusively for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.