

N12000008765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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13 OCT 23 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
OCT 29 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2013

NICOLE GALINDO / MUDDY SMILES
1043 W 67 ST
HIALEAH, FL 33012

SUBJECT: MUDDY SMILES INC.
Ref. Number: N12000008765

We have received your document for MUDDY SMILES 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):

You can not attach new articles of incorporation to the amendment form. You may file amended and restated articles. But you will have to correct your document. We only file one document, so do not send both an amendment and the restated. Send one or the other.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 313A00024754

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Muddy Smiles Inc.

DOCUMENT NUMBER: N12000008765

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

Please return all correspondence concerning this matter to the following:

Nicole Galindo

(Name of Contact Person)

Muddy Smiles

(Firm/ Company)

1043 W 67 St

(Address)

Hialeah, FL 33012

(City/ State and Zip Code)

MuddySmiles@gmail.com

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

For further information concerning this matter, please call:

Nicole Galindo

(Name of Contact Person)

at (786) 3901099

(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 &
Certificate of Status | <input 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

APPROVED
AND
FILED

13 OCT 23 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Muddy Smiles Inc.

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

N12000008765

(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:

_____, 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:

<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 type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input 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 – PURPOSE

The purpose for which the corporation is organized is:

- a. **Muddy Smiles Inc.** is organized exclusively for charitable purposes as specified under Section 501(C)3 of the Internal Revenue Code to educate the public about cleft lip and cleft palate in a positive way. Also, to raise funds in order to help underprivileged children in need of medical help and that do not have the funds to do so. The exempt purpose of **Muddy Smiles Inc.** is for Charitable purposes such as: relief of the poor, the distressed, or the underprivileged as well as fostering national amateur sports competitions such as obstacle races, marathons, etc.
- b. No part of the net earnings of the organization shall inure to the benefit of, or be distributable to, its directors, trustees, officers, or other private persons except as specified in subsection (a) above.
- c. This organization will not participate in any political campaigns nor influence legislation.

ARTICLE VII – DISSOLUTION

The manner of dissolution of the corporation is:

Upon dissolution of the organization, all assets remaining after payment of corporate liabilities will be distributed for one or more exempt purposes within the meaning of Section 501(c)3 of the Internal Revenue Code, and any amendment thereto and any regulations there under, and for no other purpose.

APPROVED
AND
FILED other than the

The date of each amendment(s) adoption: 09/30/13
date this document was signed.

13 OCT 23 PM 2:03

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 10/06/13 _____

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)

Michael Beguiristain
(Typed or printed name of person signing)

President
(Title of person signing)