N13000005040

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amend Cus (a) DATI) 4

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Yvonne's 100th Wish, INC. DOCUMENT NUMBER: N 13 0000 5640 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for luture annual report notification) For further information concerning this matter, please call: at (7/8) 930 - 3690 (Area Code & Daytime Telephone Number)

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

\$35 Filing Fee \$\text{Certificate of Status}\$

Certificate of Status Certified Copy (Additional copy is enclosed)

S52.50 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



October 7, 2014

GLOBALFACE LLC 2301 COLLINS AVENUE APT. 405 MIAMI BEACH, FL 33139

SUBJECT: YVONNE'S 100TH WISH, INC.

Ref. Number: N13000005640

Memo #: 12036-C

This letter is to inform you that your check number 5003 for \$60.00, which was dated September 9, 2014 and submitted for YVONNE'S 100TH WISH, INC. has been returned to us by your bank because of NON SUFFICIENT FUNDS.

We are notifying you because our records indicate that the paperwork for YVONNE'S 100TH WISH, INC. has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$75.00, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation Attn: IRENE ALBRITTON P.O. Box 6327 Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6887.

Garry Leonard Administrative Assistant

Letter Number: 514A00021437



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2014

MARIE EDITH ETHEART YVONNE'S 100TH WISH INC 2301 COLLINS AVE #405 MIAMI, FL 33139

SUBJECT: YVONNE'S 100TH WISH, INC.

Ref. Number: N13000005640

We have received your document for YVONNE'S 100TH WISH, INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

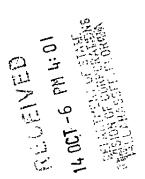
The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 914A00019962



Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State) 30000 5640 (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: 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:

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

Page 1 of 4

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: X Change X Remove X Add	V Mik	n <u>Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	P	Daniel J. Felix	230) Collins Are StyOS Miami FL 33139
Remove 2) Change Add	<u> 5.</u>	MARIE EDITH Etheant	2301 Collins Are
Remove 3) ChangeAdd	D	PAUL ESPINO	MiAmi Fl 33/39 9056 Air Drone S Los Angeles, CA
Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

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	The date of each amendment(s) adoption:					
Effe	Effective date <u>if applicable</u> :					
	1 1 1	(no more than 90 days after amendment file date)				
Ada	ption of Amendment(s)	(CHECK ONE)				
	The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)				
×	There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were				
	Dated <u>09 - 03</u>	5 - 2014				
	Signature (By the chairman	or vice chairman of the board, president or other officer-if directors				
	have not been sel	lected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)				
		el J. Felix				
		PResident				
		(Title of person signing)				