

NI300000 7280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

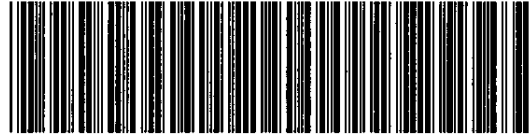
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Kay Ziv gave verbal
Authorization via phone to
correct new name on pg 1
Part A.

2/2/20

Office Use Only



700255135927

01/08/14--01019--023 **43.75

Amend
+
Name Change

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 FEB 20 AM 1:04

FEB 20 2014

T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2014

KAY ZIV
P.O. BOX 451763
SUNRISE, FL 33345 US

SUBJECT: WILL TO LIVE FOUNDATION, INC.
Ref. Number: N13000007780

We have received your document for WILL TO LIVE FOUNDATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

When filing a name change amendment you may only list one corporation name in Section A of the document. Please select which name you want to use, correct your document accordingly and return it to this office for processing.

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.

Tina D Carter
Regulatory Specialist

Letter Number: 514A00001053

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: will to live foundation,inc

DOCUMENT NUMBER: N13000007780

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

Please return all correspondence concerning this matter to the following:

kay ziv

(Name of Contact Person)

N/A

(Firm/ Company)

p.o box 451763

(Address)

sunrise fl 33345

(City/ State and Zip Code)

kattyziv@gmail.com

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

For further information concerning this matter, please call:

kay ziv

(Name of Contact Person)

at (954) 655-56-13

(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 checked="" 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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 FEB 20 AM 1:04

will to live foundation, inc

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

N13000007780

(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:

live love victory 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**)

12130 nw 33st

sunrise fl

33323

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O box 451763

sunrise fl 33345

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:

Alexandra L. Donaldson

12130 nw 33st

(Florida street address)

New Registered Office Address:

sunrise

(City)

, Florida

33323

(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.

Alexandra D.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Title

Name

Address

1) <u>Change</u>	<u>S/D</u>	<u>Estee Levinson</u>	<u>12130 nw 33st</u>
<u>Add</u>			<u>sunrise</u>
<input checked="" type="checkbox"/> <u>Remove</u>			<u>fl 33323</u>

2) Change _____

Add _____

Remove _____

3) Change

Add

Remove

4) _____ Change _____
 _____ Add _____
 _____ Remove _____

5) _____ Change _____
 _____ Add _____
 Remove _____

d) _____ Change _____
 _____ Add _____
 Remove _____

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

n/a

The date of each amendment(s) adoption: 01/04/2014, 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 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 01/04/2014

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)

KAY ZIV

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)