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COVER LETTER

TO: Amendment Section Division of Corporations Counselor's Advocating Resources for Everyone in Florida, Inc. NAME OF CORPORATION: N14000001010 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mary C Moreno (Name of Contact Person) (Firm/ Company) 304 Indian Trace #438 (Address) Weston, FI 33326 (City/ State and Zip Code) mary_moreno66@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary C Moreno (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ■ \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

(Name of Corporation as currently	of Resources for Everyone in F y filed with the Florida Dept. of State)	TALLAHASODE STU
N14000001010		racannosta, rev
(Docu	iment Number of Corporation (if known)	
rsuant to the provisions of section 617.1 tendment(s) to its Articles of Incorporation	006, Florida Statutes, this <i>Florida Not For Pre</i> ion:	ofit Corporation adopts the following
If amending name, enter the new nar	me of the corporation:	
	12-14-144	The new
me must be distinguishable and contain <u>'ompany" or "Co." may not be used in t</u>	the word "corporation" or "incorporated" or the name.	the abbreviation "Corp." or "Inc."
Enter new principal office address, it	f annlicable:	
rincipal office address MUST BE A ST		

Enter new mailing address, if applic (Mailing address MAY BE A POST O		
(making uturess MAT DEAT OST O	THEE BOX	-
	·	
	d/or registered office address in Florida, ente	r 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:	17 to sad sir cor data casy	
		_, Florida
		(Zip Code)
	(City)	(Zip Code)
		(Zip Code)
ew Registered Agent's Signature, if chaptereby accept the appointment as registe		` .

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	<u>V</u> <u>Mil</u>	n Doe se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	P	Mary C Moreno	304 Indian Trace
Add			438
Remove			Weston, FI 33326
2) X Change	VP	Anthony J Russo, Jr	2843 Executive Park Dr
Add			Weston, FL 33331
Remove			
3) X Change	<u>s</u>	Giselle Reid	4837 NW 104th Lane
Add			Coral Springs, Fl 33076
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			***
Remove			
6) Change			
Add			
Remove			

Article III:
P1. The purpose of Counselor's Advocating Resources For Everyone in Florida, Inc. is organized
exclusively for charitable purposes, including for such purposes, providing healthcare directives and
proxies through pro bono legal services to individuals under section 501(c)(3) of the Internal Revenue
Code, or corresponding section of any future federal tax code.
P2. Upon the dissolution of the corporation, assets shall be distributed to another 501(c)(3) organization for
one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or
the corresponding section of any future federal tax code, or shall be distributed to another qualified
non profit organization.
P3. As a private foundation, a provision is made for section 508(e) to meet all requirements
as a 501(c)(3) to operate by reliance under Florida State Law and to correspond to
any future federal, state or local requirements and laws as a 501(c)(3) organization.
All Charitable practices will comply with all applicable local, state and federal laws and regulations.
Article IV:
Directors are appointed or elected by the Executive Board of Directors. Guildeline's for election
are provided for in the organizational Bylaws adopted by the Executive Board of Directors.

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

The	, if other than the	
Effe	ective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
Add	option 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 03/03/2014	
	Signature Mulu	
	(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)	•·· ·
	Mary C Moreno	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	