

N14000002243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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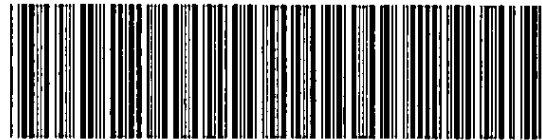
(Business Entity Name)

(Document Number)

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AUG 11 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2021

ISABEL MARTIN
10411 MOUNTAIN QUAIL ROAD
SILVER SPRING, MD 20901

SUBJECT: VOLARE YOUTH LEADERSHIP, INC.
Ref. Number: N14000002243

We have received your document for VOLARE YOUTH LEADERSHIP, 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):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 021A00017890

COVER LETTER

TO: Amendment Section
Division of Corporations

Yath

NAME OF CORPORATION: *Volare Leadership Inc.*

DOCUMENT NUMBER: ~~100257352331~~ *N14000002243*

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

Please return all correspondence concerning this matter to the following:

~~Isabel Martin~~ *Isabella de Martin*

(Name of Contact Person)

Volare Leadership Inc

(Firm/ Company)

~~10411 Mountain Quail Road~~ *109 Lillian Lane*

(Address)

Silver Spring, MD ~~20901~~ *20904*

(City/ State and Zip Code)

isabel.urquizo@gmail.com

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

For further information concerning this matter, please call:

Isabel Martin

at

~~340~~

~~328-5994~~ *240-997-2433*

(Name of Contact Person)

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Volare Leadership Inc.

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

100257352331

N1400000 2243

(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:

Cambio Labs Co.

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:

#3B, 3180 44th Street, Astoria 11103

(Principal office address MUST BE A STREET ADDRESS)

109 Lillian Lane

Silver Spring MD 20904

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

#3B, 3180 44th Street, Astoria 11103

109 Lillian Lane

Silver Spring MD 20904

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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>T</u> | <u>Lee Learson</u> | <u>PO Box 215</u> <u>North Hampton, NH 03862</u> |
| 2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>T</u> | <u>David McLean</u> | <u>Flat 12, 8 Burnbrae Drive</u> <u>Edinburgh, eh12 8as</u> |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove | <u>D</u> | <u>Donna Milofsky</u> | <u>24 Stuart Drive</u> <u>Barrington, NH 03825</u> |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>D</u> | <u>Michelle Maluwetig</u> | <u>11701 Charles Road</u> <u>Silver Spring, 20906</u> |
| 5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>CEO</u> | <u>Sebastian Martin</u> | <u>#3B, 3180 44th Street</u> <u>Astoria, NY 11103</u> |
| 6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>President</u> | <u>Isabella</u> <u>Isabella de Martin</u> | <u>109 Lillian Lane</u> <u>Silver Spring MD 20904</u> |

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

The date of each amendment(s) adoption: April 29, 2021, if other than the date this document was signed.

Effective date if applicable: April 29, 2021
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 7/4/21

Signature I. Martin

(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)

 ~~Isabella de Martin~~ Isabella de Martin 240-997-2433
(Typed or printed name of person signing)

Chair / President
(Title of person signing)