

N14 0000006356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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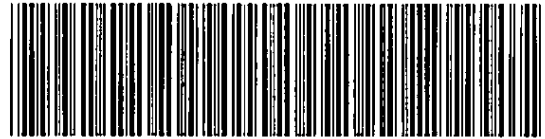
(Business Entity Name)

(Document Number)

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2020 JAN 21 AM 10:41  
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FALL MASSCHUSETTS

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Amend / name  
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I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Visionaries of Dance Inc.

**DOCUMENT NUMBER:** N14000006356

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

Please return all correspondence concerning this matter to the following:

Karina G. Felix

(Name of Contact Person)

Affidian Inc

(Firm/ Company)

1310 Isleworth Court

(Address)

Royal Palm Beach, Florida, 33411

(City/ State and Zip Code)

AffidianInc@gmail.com

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

For further information concerning this matter, please call:

Karina Felix

561 317.8751

at

(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 checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Visionaries of Dance Inc.

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

N14000006356

(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:**

Visionaries in Motion 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**)*

N/A

**C. Enter new mailing address, if applicable:**

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

N/A

**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:

N/A

N/A

*(Florida street address)*

New Registered Office Address:

N/A

*(City)*

Florida N/A

*(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*

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AM 10:41  
STATE OF FLORIDA  
HALL COUNTY

**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><br>(Check One)                                                                                 | <u>Title</u> | <u>Name</u>           | <u>Address</u>                                                     |
|----------------------------------------------------------------------------------------------------------------------|--------------|-----------------------|--------------------------------------------------------------------|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | <u>VP</u>    | <u>Ruth Torres</u>    | <u>2292 Heritage Greens Drive</u><br><u>Naples, Florida, 34119</u> |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><br><input type="checkbox"/> Remove | <u>S</u>     | <u>Natasha Felix</u>  | <u>765 Amsterdam Ave 15D</u><br><u>NYC, NY, 10025</u>              |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove     | <u>T</u>     | <u>Sergio Fedeles</u> | <u>1310 Isleworth Court,</u><br><u>RPB, FL, 33411</u>              |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input checked="" type="checkbox"/> Remove | <u>S</u>     | <u>Kiara Fedeles</u>  | <u>1310 Isleworth Court,</u><br><u>RPB, FL, 33411</u>              |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove            |              |                       |                                                                    |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><br><input type="checkbox"/> Remove            |              |                       |                                                                    |

Page 2 of 4

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

Purpose of this organization: \_\_\_\_\_

This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. \_\_\_\_\_

It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. \_\_\_\_\_

The specific purposes for which this corporation is formed are exclusively charitable within the meaning of \_\_\_\_\_

Section 501(c)(3) of the Internal Revenue Code of 1986. \_\_\_\_\_

It's purpose is the advancement of education, career skills enhancement and general wellbeing.

Page 3 of 4

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

Effective date if applicable: January 15, 2020  
(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 January 15, 2020

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)

Karina Felix

(Typed or printed name of person signing)

President

(Title of person signing)