

N15000000995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

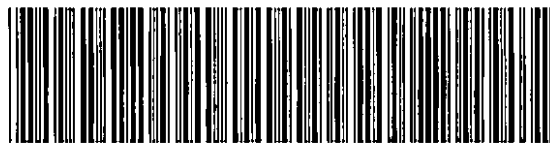
(Business Entity Name)

(Document Number)

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08/06/18--01025--020 \*\*52.50

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2018 AUG 22 PM 4:17  
SEC. OF FIN. & STATE  
HALL ANA ST. 11 LONDON

Amund/cus

AUG 22 2018

ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Serving People In Need, Inc.

**DOCUMENT NUMBER:** N15000000995

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

Please return all correspondence concerning this matter to the following:

Eric Roviario

(Name of Contact Person)

Serving People In Need, Inc.

(Firm/ Company)

2431 Aloma Avenue, Suite #307

(Address)

Winter Park, Florida 32792

(City/ State and Zip Code)

Ericroviario@spinorlando.org

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

For further information concerning this matter, please call:

Mark Bakay

407

739-7024

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:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☒ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2018

ERIC ROVIARO  
SERVING PEOPLE IN NEED, INC.  
2431 ALOMA AVENUE - STE. 307  
WINTER PARK, FL 32792

SUBJECT: SERVING PEOPLE IN NEED, INC.  
Ref. Number: N15000000995

We have received your document for SERVING PEOPLE IN NEED, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the document.

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: 818A00016219

RECEIVED  
18 AUG 22 AM 10:39  
TALLAHASSEE  
SECRETARY OF STATE

Articles of Amendment  
to  
Articles of Incorporation  
of

Serving People In Need, Inc.

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

N15000000995

(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:**

N/A

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:**

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

N/A

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

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

N/A

N/A

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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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	<u>S</u>	<u>Jonathan Bryant</u>	<u>2002 Lauren Beth Avenue</u>
<input type="checkbox"/> Add			<u>Ocoee, Florida 34761</u>
<input checked="" type="checkbox"/> Remove			<u></u>
2) <input type="checkbox"/> Change	<u>P</u>	<u>Matthew Denny</u>	<u>372 Osprey Lakes Circle</u>
<input type="checkbox"/> Add			<u>Chuluota, FL 32766</u>
<input checked="" type="checkbox"/> Remove			<u></u>
3) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Stephen Alexander</u>	<u>2407 Clearlake Road</u>
<input type="checkbox"/> Add			<u>Cocoa, FL 32922</u>
<input type="checkbox"/> Remove			<u></u>
4) <input type="checkbox"/> Change	<u>S</u>	<u>Julio Negron</u>	<u>14428 Peppermill Trail</u>
<input checked="" type="checkbox"/> Add			<u>Ocoee, Florida 34711</u>
<input type="checkbox"/> Remove			<u></u>
5) <input type="checkbox"/> Change	<u>D</u>	<u>Drew Woodall</u>	<u>2431 Aloma Avenue</u>
<input checked="" type="checkbox"/> Add			<u>Suite #307</u>
<input type="checkbox"/> Remove			<u>Winter Park, Florida 32792</u>
6) <input type="checkbox"/> Change	<u>D</u>	<u>Mark Bakay</u>	<u>2431 Aloma Avenue</u>
<input checked="" type="checkbox"/> Add			<u>Suite #307</u>
<input type="checkbox"/> Remove			<u>Winter Park, Florida 32792</u>

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

Article III: To alleviating the effects of poverty in the Central Florida area. We collect, process and distribute donated items to our clients, various non-profits, thrift stores and pantries. Through our programs we actively assist and support individuals and families affected by poverty, by delivering essential household goods, furniture and food directly to them.

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

08/01/2018

Effective date if applicable: \_\_\_\_\_  
(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 08/01/2018 \_\_\_\_\_

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)

Eric Roviario

\_\_\_\_\_  
(Typed or printed name of person signing)

Chief Executive Officer

\_\_\_\_\_  
(Title of person signing)