

N15000001291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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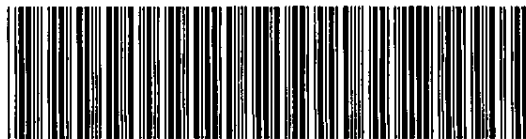
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Tabitha's Mission Inc

**DOCUMENT NUMBER:** N15000001291

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

Please return all correspondence concerning this matter to the following:

Barbara Henriques  
(Name of Contact Person)

Tabitha's Mission  
(Firm/ Company)

17685 73rd Court North  
(Address)

Loxahatchee, Fl 33470  
(City/ State and Zip Code)

bhenriques19@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Henriques at 561 3017131  
(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

Articles of Amendment  
to  
Articles of Incorporation  
of

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DIVISION OF CORPORATIONS

Tabitha's Mission Inc

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

N15000001291

(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:**

*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**)

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

**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:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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	<u>P</u>	<u>Barbara Henriques</u>	<u>17685 73rd Court North</u>
<input checked="" type="checkbox"/> Add			<u>Loxahatchee, Fl 33470</u>
<input type="checkbox"/> Remove			<u></u>
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>Jennifer Rattray</u>	<u>464 SW Tulip Blvd</u>
<input type="checkbox"/> Add			<u>Port St. Lucie, Fl 34953</u>
<input type="checkbox"/> Remove			<u></u>
3) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>Dr. Barry Miskin</u>	<u>1002 South Old Dixie HW</u>
<input type="checkbox"/> Add			<u>Jupiter, Fl 33458</u>
<input type="checkbox"/> Remove			<u></u>
4) <input checked="" type="checkbox"/> Change	<u>T</u>	<u>Jennifer Hoyte</u>	<u>801 NorthPoint Pkway</u>
<input type="checkbox"/> Add			<u>Suite 146, West Palm Beach</u>
<input type="checkbox"/> Remove			<u>Fl 33402</u>
5) <input type="checkbox"/> Change	<u>Ass. T</u>	<u>Fritznaud Estime</u>	<u>7356Edisto Drive</u>
<input checked="" type="checkbox"/> Add			<u>Lake Worth, Fl 33467</u>
<input type="checkbox"/> Remove			<u></u>
6) <input type="checkbox"/> Change	<u></u>	<u></u>	<u></u>
<input type="checkbox"/> Add			<u></u>
<input type="checkbox"/> Remove			<u></u>

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

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

*Article III*

Amendment to Section 111. To work with disadvantaged, underserved and at risk communities to prevent and control

hypertension and diabetes in people living in rural communities in the Caribbean and North America. To improve the quality of life for the elderly and disabled in rural communities.

The organization is organized exclusively for charitable, religious, educational and scientific purpose under section 501c3 of the internal revenue code, or corresponding section of any future tax code and all organizational assets will be dedicated to its exempt code.

Dissolution: Upon dissolution of this organization, assets shall be distributed for one or more exempt purpose within the meaning of setion 501c3 of the Internal Revenue Code or corresponding section of any future tax code, or distributed to the federal government, or to a state or local government, for a public purpose.

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

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Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

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**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 6/26/15 \_\_\_\_\_

Signature Barbara Henriques \_\_\_\_\_

(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)

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

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