

N15000005467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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J. HORNE
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2023 JAN - 6 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

46

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1. 2:18

COVER LETTER

Amendment Section
Division of Corporations

Special Compass, Inc

NAME OF CORPORATION:

N15000005467

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

n Sayih

(Name of Contact Person)

Special Compass, Inc.

(Firm/ Company)

19 NW 143 Ave

(Address)

embroke Pines, FL 33028

(City/ State and Zip Code)

n@SpecialCompass.Org

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

For further information concerning this matter, please call:

n Sayih

305

297-5328

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
2023 JAN -6 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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

5000005467

(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:

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.

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS) 1119 NW 143 Ave
Pembroke Pines, FL 33028

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2114 N. Flamingo Road #1191

Pembroke Pines, FL 33028

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:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

By 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, address of each Officer and/or Director being added:

(attach additional sheets, if necessary)

Use the first letter of the office 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 title. If 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:

Change	PT	John Doe
Remove	V	Mike Jones
Add	SV	Sally Smith

Action	Title	Name	Address
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Treasurer</u>	<u>Jim Sayih</u>	<u>2114 N. Flamingo Road #1191</u> <u>Pembroke Pines, FL 33028</u>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>President</u>	<u>Michael Sayih</u>	<u>2114 N. Flamingo Road, #1191</u> <u>Pembroke Pines, FL 33028</u>
<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>Director</u>	<u>Onix Morera (Resigned)</u>	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Treasurer</u>	<u>Cathy Seacrist</u>	<u>2114 N. Flamingo Road, #1191</u> <u>Pembroke Pines, FL 33028</u>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Secretary</u>	<u>Nicole Shuman</u>	<u>2114 N. Flamingo Road, #1191</u> <u>Pembroke Pines, FL 33028</u>
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Director</u>	<u>John Daley</u>	<u>2114 N. Flamingo Road, #1191</u> <u>Pembroke Pines, FL 33028</u>

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

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

ARTICLE II - PURPOSE - This corporation is organized exclusively for charitable and educational purposes more specifically it is dedicated to

provide individuals with and without any type of disabilities to work together towards new

goals of personal, physical, emotional, and professional performance and to foster low income housing.

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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:

President: P= 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 title. Example: 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:
Change PT John Doe
Remove V Mike Jones
Add SV Sally Smith

Change of Action (Check One)	Title	Name	Address
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	Director	Terri Swanson	2114 N. Flamingo Road #1191 Pembroke Pines, FL 33028
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	Director	Sheri Hazeltine	2114 N. Flamingo Road, #1191 Pembroke Pines, FL 33028
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	Director	Eric Masson	2114 N. Flamingo Road, #1191 Pembroke Pines, FL 33028
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	Director	Darrin Carlomagno	2114 N. Flamingo Road, #1191 Pembroke Pines, FL 33028
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	Director	Michael Habib	2114 N. Flamingo Road, #1191 Pembroke Pines, FL 33028
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	Director	Scott Garver	2114 N. Flamingo Road, #1191 Pembroke Pines, FL 33028

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

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

CLEAR PURPOSE: This corporation is organized exclusively for charitable and educational purposes more specifically it is dedicated to

to provide individuals with and without any type of disabilities to work together towards new

opportunities for personal, physical, emotional, and professional performance and to foster low income housing.

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, address of each Officer and/or Director being added:

(attach additional sheets, if necessary)

use 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:

<u>Change</u>	<u>PT</u>	<u>John Doe</u>
<u>Remove</u>	<u>V</u>	<u>Mike Jones</u>
<u>Add</u>	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
<input checked="" type="checkbox"/> <u>Change</u>	<u>Director</u>	<u>Guy Romain</u>	<u>2114 N. Flamingo Road #1191</u>
<input type="checkbox"/> <u>Add</u>			<u>Pembroke Pines, FL 33028</u>
<input type="checkbox"/> <u>Remove</u>			
<input type="checkbox"/> <u>Change</u>			
<input type="checkbox"/> <u>Add</u>			
<input type="checkbox"/> <u>Remove</u>			
<input type="checkbox"/> <u>Change</u>			
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<input type="checkbox"/> <u>Remove</u>			
<input type="checkbox"/> <u>Change</u>			
<input type="checkbox"/> <u>Add</u>			
<input type="checkbox"/> <u>Remove</u>			

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

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

ARTICLE II - PURPOSE - This corporation is organized exclusively for charitable and educational purposes more specifically it is dedicated to

inspire individuals with and without any type of disabilities to work together towards new

levels of personal, physical, emotional, and professional performance and to foster low income housing.

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

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.

12/27/22

Dated

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)

Jim Sayih

(Typed or printed name of person signing)

Executive Director

(Title of person signing)