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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO: Amendment Section Division of Corporations

| A VOICE FOR A CHILD ORGANIZATION, INC. AME OF CORPORATION: | |
|--|-----|
| N15000006123 OCUMENT NUMBER: | |
| the enclosed Articles of Amendment and fee are submitted for filing. | |
| ease return all correspondence concerning this matter to the following: | |
| ERRY FALLIS, EA | |
| (Name of Contact Person) | |
| 'AX CARE ORLANDO | |
| (Firm/ Company) | |
| 2701 S. JOHN YOUNG PKWY. STE. 215 | |
| (Address) | |
| DRLANDO, FL 32837 | |
| (City/ State and Zip Code) | |
| ERRY@TAXCAREINC.COM | |
| E-mail address: (to be used for future annual report notification) | |
| or further information concerning this matter, please call: | |
| TERRY FALLIS, EA 407-250-4879 | |
| (Name of Contact Person) (Area Code) (Daytime Telephone Numb | er) |
| nclosed is a check for the following amount made payable to the Florida Department of State: | |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \& Certificate of Status \$\bigcup \\$(Additional copy is enclosed)\$\$ Enclosed)\$\$ \$\bigcup \\$52.50 Filing Fee \& Certificate of Status \$\bigcup \\$52.50 Filing Fee \& Certificate of Status \$\bigcup \\$64 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 Articles of Incorporation

A VOICE FOR A CHILD ORGANIZATION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N15000006123 (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: 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: X_Change X_Remove X_Add | <u>PT</u> <u>V</u> <u>SV</u> | John Do Mike Jor Sally Sm | <u>nes</u> | | | | | |
|----------------------------------|------------------------------|---------------------------------|-------------|-------------|-------------|-----------------|-------------|---|
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | | | <u>Addres</u> s | | |
| 1) Change | | _ | | | · | | | |
| Add | | | | | | | | |
| Remove | | | | | | | | |
| 2) Change | | _ | | | | | | - |
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| Remove | | | | | | | | |
| 3) Change | | _ | | · | | | <u> </u> | |
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| 4) Change | | _ | | | | | | |
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| 5) Change | | | | | | | | |
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| ` (attach a | dditional sh | eets, if neces | sary). (B | e specific) | recisi nere. | | | | |
|--|--------------|----------------|-----------|-------------|--------------|-------------|-------------|----------|-------------|
| THE ORGANIZATION'S BUSINESS PURPOSE IS TO BE AMENDED AS FOLLOWS: "THE ORGANIZATION IS ORGEOFIC CHARITABLE, RELIGIOUS, EDUCATIONAL, OR SCIENTIFIC PURPOSES UNDER SECTION 501(c)(3) OF THE | | | | | | | | | |
| | | | | | | | INTERNAI | L REVENL | JE CODE, O |
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| The date of each amendment(s) add | option: | , if other than 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 bloc document's effective date on the Dep | ck does not meet the applicable statutory filing requirements, this date will no partment of State's records. | t be listed as the | | | | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | | | | |
| The amendment(s) was/were adwas/were sufficient for approval | opted by the members and the number of votes cast for the amendment(s) | | | | | |
| There are no members or memb adopted by the board of directo | ers entitled to vote on the amendment(s). The amendment(s) was/were rs. | | | | | |
| Dated (| 29/15 | | | | | |
| Signature | 07/200 | | | | | |
| | man or vice chairman of the board, president or other officer-if directors on selected, by an incorporator – if in the hands of a receiver, trustee, or | | | | | |
| | ppointed fiduciary by that fiduciary) | | | | | |
| MARINA | A S. DISTEFANO | | | | | |
| | (Typed or printed name of person signing) | | | | | |
| PRESIDI | ENT | | | | | |
| | (Title of person signing) | | | | | |