## N15000000082

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: N15000006342 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kyshana Guzman Name of Contact Person Firm/ Company 4958 Leeward Lane Address Dania Beach, FL 33312 City/ State and Zip Code kyshana@sparkherchange.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kyshana Guzman Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 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

| Her Spark, Inc.  | οτ  |
|--|---|
| N15000006342 (Name of Corporation as curr  | rently filed with the Florida Dept. of State)                                 |
| (Document Nu   | unber of Corporation (if known)   |
| Pursuant to the provisions of section 617,1006, Florida Statemendment(s) to its Articles of Incorporation;       | tutes, this Florida Not For Profit Corporation adopts the following           |
| A. If amending name, enter the new name of the corpor<br>parkherchange, inc.                                     |   |
| name must be distinguishable and contain the word "corpo<br>"Company" or "Co." may not be used in the name.      | The new oration" or "incorporated" or the abbreviation "Corp." or "Inc." same |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>   | <u>ss</u> )   |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )                  | same  |
| D. If amending the registered agent and/or registered o  |   |
| new registered agent and/or the new registered offic   |   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | (Florida street address)  |
|  | , Florida   |
|  | (City) (Zip Code)   |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am |   |
|  | 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><br><u>V</u><br><u>SV</u> | John Doc<br>Mike Jones<br>Sally Smith |                 |
|-----------------------------------|------------------------------------|---------------------------------------|-----------------|
| Type of Action<br>(Check One)     | <u>Title</u>                       | <u>Name</u>                           | <u>Addres</u> s |
| 1) Change Add Remove              |                                    | N/A                                   |                 |
| 2) Change                         |                                    |                                       |                 |
| Remove 3 ) Change Add             |                                    |                                       |                 |
| Remove 4) Change Add              |                                    |                                       |                 |
| Remove 5) Change Add              |                                    |                                       |                 |
| Remove 6) Change Add              |                                    |                                       |                 |
| Remove                            |                                    |                                       |                 |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)      |  |  |  |  |  |
|--|--|--|--|--|--|
| We have two companies, one that is called sparkherchange, inc. that is currently listed as a For Profit Corporation, and         |  |  |  |  |  |
| one that is called Her Spark, Inc. This is a non-profit. We would like to change the names, and list sparkherchange, inc. as the |  |  |  |  |  |
| Non-Profit and list Her Spark, Inc. as the for profit. In calling and speaking to customer service in Tallahassee, I was         |  |  |  |  |  |
| instructed to send in amendments for both and ask for paperwork to be kept together so that we could just switch the names.      |  |  |  |  |  |
| Advise if you have any questions, by calling me at 954-559-0834. Thank you so much! Excited to see this processed soon.          |  |  |  |  |  |
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| The date of             | each amendment(s) ad                                  | ption:   | , if other than the                           |
|-------------------------|---|--|---|
| date this doc           | rument was signed.                                    |  |   |
| Effective da            | ite <u>if applicable</u> :                            |  |   |
|                         |   | (no more than 90 days after amendment file   | date)   |
| Note: If the document's | date inserted in this bloceffective date on the Dep   | k does not meet the applicable statutory filing requartment of State's records.  | irements, this date will not be listed as the |
| Adoption of             | f Amendment(s)  | (CHECK ONE)  |   |
|                         | nendment(s) was/were ad<br>tre sufficient for approva | opted by the members and the number of votes easi  | for the amendment(s)                          |
|                         | are no members or memb<br>d by the board of directo   | ers entitled to vote on the amendment(s). The amers.   | ndment(s) was/were                            |
|                         | Dated   | 7-10-15  |   |
|                         | Signature   | 100·   |   |
|                         | selected, by  | or, president for other officer – if directors or of<br>an incorporator – if in the hands of a receiver,<br>duciary by that fiduciary) |   |
|                         | Kys   | nana Guzman  |   |
|                         |   | (Typed or printed name of person signing   | g)  |
|                         | Pre   | ident  |   |
|                         |   | (Title of person signing)  |   |