

N16 0000002845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

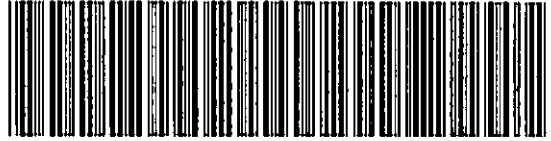
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2022 MAR 30 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FL

cf 4/6/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Somebody Cares, Inc.

DOCUMENT NUMBER: N16000002845

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

Please return all correspondence concerning this matter to the following:

Adrienne Johnson-Lee
(Name of Contact Person)

Kind Hearts Caring 4 U, Inc. (amended name)
(Firm/ Company)

P.O. Box 358923
(Address)

Gainesville, FL 32635
(City/ State and Zip Code)

plumpgirl52@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrienne Johnson-Lee at (352) 339-5962
(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



RECEIVED

2022 MAR 30 AM 10:39

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

March 8, 2022

ADRIENNE JOHNSON-LEE
POST OFFICE BOX 358923
GAINESVILLE, FL 32635

SUBJECT: SOMEBODY CARES, INC.
Ref. Number: N16000002845

We have received your document for SOMEBODY CARES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can check only one (1) box regarding the adoption of amendment.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 022A00005560

FILED

2022 MAR 30 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

Somebody Cares, Inc.

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

N16000002845

(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:

Kind Hearts Caring 4 U, Inc.

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)

18407 NW 233rd Terrace

High Springs, FL 32643

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 358923

Gainesville, FL 32635

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:

(City)

Florida

(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:

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

n/a

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☐ Remove	_____	_____	_____
2) ☐ Change ☐ Add ☐ 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)

☒ 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 1-2-22

Signature Adrienne Johnson-Lee
(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)

Adrienne Johnson-Lee
(Typed or printed name of person signing)

Director
(Title of person signing)