

200319373192

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(Address)

(Address)

(City/State/Zip/Phone #)

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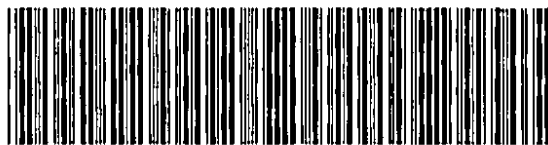
(Business Entity Name)

(Document Number)

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10/15/18--01016--019 **35.00

Amel

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OCT 22 2018

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2018 OCT 15 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEALING SMILES FOUNDATION INC

DOCUMENT NUMBER: N16000003401

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

Please return all correspondence concerning this matter to the following:

Sussan M. Amaro

(Name of Contact Person)

(Firm/ Company)

1053 Universal Rest Place

(Address)

Kissimmee, FL 34744

(City/ State and Zip Code)

susy@funnychecks.com

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

For further information concerning this matter, please call:

Sussan M. Amaro

407

350-8068

(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 32301

Street Address

Amendment Section
Division of Corporations
Clifton Building
2001 Executive Center Circle
Tallahassee, FL 32301

FILED

2018 OCT 15 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

HEALING SMILES FOUNDATION INC

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

N16000003401

(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)

1053 UNIVERSAL REST PL, KISSIMMEE, FL 34744 US

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1053 UNIVERSAL REST PL, KISSIMMEE, FL 34744 US

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:

New Registered Office Address:

(City)

(Zip Code)

New Registered Agent's Signature, if changing the 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, VP = Vice President, T = Treasurer, S = Secretary, D = Director, TR = Trustee, C = Chairman or Chair, 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. There should be noted in John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input 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>Treasure</u>	<u>PARRA, MERCEDES</u>	<u>1053 UNIVERSAL REST PL</u>
<input type="checkbox"/> Add			<u>KISSIMMEE FL 34744</u>
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>Secretar</u>	<u>CARRASCO, JOSELITH</u>	<u>1053 UNIVERSAL REST PL</u>
<input type="checkbox"/> Add			<u>KISSIMMEE FL 34744</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>Treasure</u>	<u>ALGARIN, HECTOR</u>	<u>1053 UNIVERSAL REST PL</u>
<input type="checkbox"/> Add			<u>KISSIMMEE FL 34744</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

D. If amending or adding additional parties, enter changes below.
(attach additional sheets, if necessary). (Be specific)

Change EIN: 27-3107972 to Correct EIN: 81-1374945

The date of each amendment(s) adoption: 10/5/18 If earlier than the date this document was signed.

Effective date if applicable: 10/5/18
(no more than 90 days after amendment file date)

Note: If the date entered 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 10/5/18

Signature Sussan M. Amaro
(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)

Sussan M. Amaro
(Typed or printed name of person signing)

President
(Title of person signing)