

N16000000 7733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

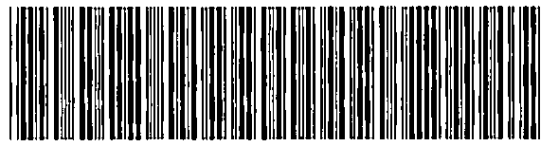
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/29

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03/18/20 -01012--028 **52.50

FILED
2020 MAY 29 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

all
6/8/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAR 23 PM 9:16

March 31, 2020

LISA PUGLIESE
11231 US HWY 1 #158
NORTH PALM BEACH, FL 33408

SUBJECT: LOVE SERVING AUTISM, INC.
Ref. Number: N16000007733

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 020A00007021

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Love Serving Autism

DOCUMENT NUMBER: N16000007733

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

Please return all correspondence concerning this matter to the following:

Lisa Pugliese

(Name of Contact Person)

Love Serving Autism

(Firm/ Company)

11231 US Hwy 1 #158

(Address)

North Palm Beach, FL 33408

(City/ State and Zip Code)

Lisa@loveservingautism.org

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

For further information concerning this matter, please call:

Lisa Pugliese

561

331-1903

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

2020 MAY 29 AM 9:52

Love Serving Autism, Inc.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N 16000007733

(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)

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

(Attach additional sheets, if necessary)

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.

Example:

Type of Action
(Check One)

Name

Address

V

Diane Woodyshek

2646 Windwood Way

Add

Wellington, Fl. 33411

x Remove

§

Laura Vanlandel

1400 Village Blvd. Apt. 615

Add

West Palm Beach, FL 33409

x Remove

T

Olga Concha

11812 Sunchase Ct.

Add

Boca Raton, FL 33498

x **Remove**

V

Samuel Jolley

9724 Phipps Lane

x Add

Wellington, FL 33414

Remove

§

Bridget Beer

1760 Corsica Dr.

x Add

Wellington, FL 33414

Remove

T

Jane Reid Sylvester

720 Clubside Dr.

x Add

Roswell, GA 30076

Remove

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

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

N/A

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

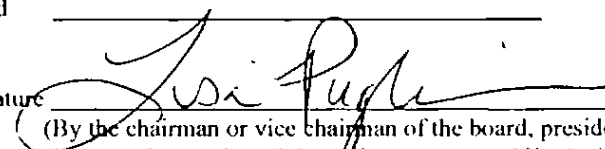
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this 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)

- W/A ☒ 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 3/15/2020 _____

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)

Lisa Pugliese

(Typed or printed name of person signing)

Founder & CEO

(Title of person signing)