

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600295780146

500295760146 02/24/17--01020--008 \*\*35.00

Amel

MAR 21 2017 R. WHITE



## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

ımber)
ımber)

Tallahassee, FL 32301



March 1, 2017

CHANTAL CHALITA 7520 NW 124TH AVE PARKLAND, FL 33076

SUBJECT: GIVING BEYOND BORDERS INC.

Ref. Number: N17000001143

We have received your document for GIVING BEYOND BORDERS 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):

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

Please print the name of the corporation on the top of page one.

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.

Rebekah White Regulatory Specialist II

Letter Number: 117A00003928



## Articles of Amendment

**Articles of Incorporation** 

	of	17 HAR 15 AH 10: 31
Giving Beyond Bo	rders Inc.	the party of the book
(Name of Corporation as c	urrently filed with the Flor	ida Dept. of State)
•		
(Document	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida S	Statutos this Florida Not Fo	* Profit Cornoration adopts the following
mendment(s) to its Articles of Incorporation:	natures, tills I toriuu 1401 I o	i I roju Corporution adopts the following
A. If amending name, enter the new name of the corp	oration:	
		The new
name must be distinguishable and contain the word "con Company" or "Co," may not be used in the name.	rporation" or "incorporated	
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>		
<ol> <li>If amending the registered agent and/or registered new registered agent and/or the new registered of</li> </ol>		enter the name of the
Name of New Registered Agent:		
<del></del>	· /EI	orida street address)
New Registered Office Address:	14.1	and so certain ess
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:	
hereby accept the appointment as registered agent. It		the obligations of the position.
	Signature of New Regist	ered 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	PT John Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add	T EMILIO CHALITA	7520 NW 124 <sup>th</sup> AUT PARKLAND, FL 33076
Remove 2) Change Add	T CHANTAL L. ELJURE	7520 NW 124 <sup>th</sup> AUF PARKLAND, FL 33076
Remove 3) Change Add		
Remove 4) Change Add Remove		
5) Change Add Remove		
6) Change Add		

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)
•	,
· · · · · · · · · · · · · · · · · · ·	

The date of each amer date this document was	ndment(s) adoption:	2/20/2017		, if other than the
Effective date if applic	cable:			
	(no m	ore than 90 days after amendment j	file date)	
	ed in this block does not i ate on the Department of S	meet the applicable statutory filing I State's records.	requirements, this date will not	be listed as the
Adoption of Amendmo	ent(s) ( <u>CHI</u>	ECK ONE)		
The amendment(s) was/were sufficient		members and the number of votes	cast for the amendment(s)	
There are no memiadopted by the box		to vote on the amendment(s). The a	amendment(s) was/were	
Dated	2/20/2017			
	Chantal			_
		chairman of the board, president or by an incorporator – if in the hands of uciary by that fiduciary)		
	Chantal	(Typed or printed name of person	n signing)	
		Prosident (Title of person signing		