

N17000009291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

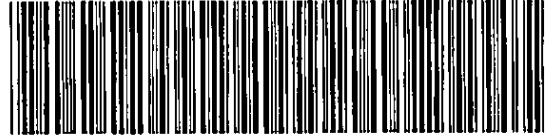
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/06/18--01006--007 **35.00

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2018 JUN 19 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend/Name
chg

JUN 20 2018

LALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

RIVLY'S GIFTS FOUNDATION INC.

NAME OF CORPORATION: _____

N17000009291

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Rivly Breus

(Name of Contact Person)

RIVLY'S GIFTS FOUNDATION INC.

(Firm/ Company)

250 NW 140TH ST

(Address)

MIAMI, FL 33168

(City/ State and Zip Code)

rivlyb@aol.com

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

For further information concerning this matter, please call:

Rivly Breus

305

967-9736

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:

- | | | | |
|---|--|---|--|
| <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 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2018

RIVLY BREUS
RIVLY'S GIFTS FOUNDATION INC
250 NW 140TH ST
MIAMI, FL 33168

SUBJECT: RIVLY'S GIFTS FOUNDATION INC.
Ref. Number: N17000009291

We have received your document for RIVLY'S GIFTS FOUNDATION 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 check only 1(one) box.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 018A00012072

RECEIVED
18 JUN 19 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

RIVLY'S GIFTS FOUNDATION INC.

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

N17000009291

(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:

Erzule Paul Foundation 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)

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: RIVLY, BREUS

250 NW 140TH ST

(Florida street address)

New Registered Office Address:

MIAMI

(City)

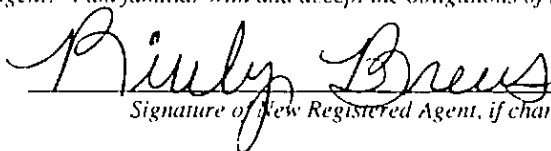
33168

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<input checked="" 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 <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>RIVLYN, BREUS</u>	<u>250 NW 140TH ST</u> <u>MIAMI, FL 33168</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>SULEIKA, MALDONADO</u>	<u>250 NW 140TH ST</u> <u>MIAMI, FL 33168</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u></u>	<u></u>	<u></u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Life is often filled with obstacles and challenges and the Erzule Paul Foundation mission is to

offer services to children and families that not only helps them to maintain

their self-esteem and dignity during times of poverty, displacement or tragedy but ensure that they have access

to clothing, healthy food, clean water, as well as education, to help them not only retain,

but regain their ability to be self-sufficient.

06/07/2018

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

06/07/2018

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)



The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

RB

~~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

6/7/2018

Signature

Rivly Breus

(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)

Rivly Breus

(Typed or printed name of person signing)

President

(Title of person signing)