## N17000012133

| (Re                     | questor's Name)    |           |  |  |
|-------------------------|--------------------|-----------|--|--|
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| (Cit                    | ry/State/Zip/Phone | e #)      |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL      |  |  |
| (Bu                     | siness Entity Nan  | ne)       |  |  |
| (Document Number)       |                    |           |  |  |
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| WAVE NAME OF CORPORATION:                 | OF HEARTS, INC  |                      |                      |  |              |
|---|---|----------------------|----------------------|--|--------------|
| N17000012' DOCUMENT NUMBER:               | 73.3  |                      |                      |  |              |
| The enclosed Articles of Amendment an     | d fee are submitted for filin   | ıg.                  |                      |  |              |
| Please return all correspondence concern  | ing this matter to the follow   | ving:                |                      |  |              |
| Brynne Rorke                              |   |                      |                      |  |              |
|   | (Name of Co   | ntact Person)        |                      |  |              |
| Yippiekiyay Nonprofit Solutions           |   |                      |                      |  |              |
|   | (Firm/ C  | ompany)              |                      |  |              |
| 6295 Greenwood Plaza Blvd. Ste 100        |   |                      |                      |  |              |
|   | (Add  | lress)               | · · · · ·            |  |              |
| Greenwood Village, CO 80111               |   |                      |                      |  |              |
|   | (City/ State a  | nd Zip Code)         |                      | · · · ·  |              |
| info@waveofhearts.org -                   |   |                      |                      |  |              |
| E-mail addres                             | s: (to be used for future and   | nual report not      | ification            | )  |              |
| For further information concerning this n | natter, please call:  |                      |                      |  |              |
| Brynne Rorke                              |   | at                   |                      | 747-4793   |              |
| (Name of Co                               | ontact Person)  | (Area                | Code)                | (Daytime Teleph  | none Number) |
| Enclosed is a check for the following am  | ount made payable to the F  | lorida Departn       | nent of S            | tate:  |              |
| ■ \$35 Filing Fee □\$43.75 Feetification  | Filing Fee & S43.75 Filing te of Status Certified C (Additional enclosed) | ору                  | Certific<br>Certific | Filing Fee<br>cate of Status<br>ed Copy<br>ional Copy is<br>sed) |              |
| Mailing Address Amendment Section         |   | Street Ad<br>Amendme |                      | חס   |              |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## Articles of Amendment to Articles of Incorporation of

WAVE OF HEARTS, INC

| (Name of Corporation as curr  | rently filed with the Florida Dept. of State)                       |
|---|---|
| N47000012733  |   |
| (Document Nu  | mber of Corporation (if known)                                      |
| Pursuant to the provisions of section 617.1006, Florida Statemendment(s) to its Articles of Incorporation:      | tutes, this Florida Not For Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpor   | ration:   |
|   | The new   |
| name must be distinguishable and contain the word "corpo<br>"Company" or "Co." may not be used in the name.     | oration" or "incorporated" or the abbreviation "Corp." or "Inc."    |
| B. Enter new principal office address, if applicable:   |   |
| Principal office address <u>MUST BE A STREET ADDRES</u>   |   |
|   |   |
|   | <del></del>   |
| Enter new mailing address, if applicable:   | T.  |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  |   |
|   |   |
|   |   |
| D. If amending the registered agent and/or registered of  | ffice address in Florida, enter the name of the                     |
| new registered agent and/or the new registered office   |   |
| Name of New Registered Agent:   |   |
|   |   |
| <del></del>   | (Florida street address)  |
| New Registered Office Address:  |   |
|   | Florida   |
|   | (City) , Florida (Zip Code)   |
| New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am |   |
|   | 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: X Change X Remove X Add | <u>V</u> <u>Mil</u> | n <u>Doe</u><br>te Jones<br>ty Smith |                 |          |
|----------------------------------|---------------------|--------------------------------------|-----------------|----------|
| Type of Action<br>(Check One)    | <u>Title</u>        | <u>Name</u>                          | <u>Addres</u> s |          |
| 1) Change                        |                     | <del></del>                          | <br>            |          |
| Add                              |                     |                                      |                 |          |
| Remove                           |                     |                                      |                 | <u> </u> |
| 2) Change                        | <del></del>         |                                      | <br>            |          |
| Add                              |                     |                                      |                 |          |
| Remove                           |                     |                                      |                 |          |
| 3) Change                        |                     |                                      | <br>            |          |
| Add                              |                     |                                      |                 |          |
| Remove                           |                     |                                      |                 |          |
| 4) Change                        |                     |                                      | <br>            |          |
| Add                              |                     |                                      |                 |          |
| Remove                           |                     |                                      |                 |          |
| 5) Change                        |                     |                                      |                 |          |
| Add                              |                     |                                      |                 |          |
| Remove                           |                     |                                      |                 |          |
|                                  |                     |                                      |                 |          |
| 6) Change                        |                     |                                      | <br>·           |          |
| Add                              |                     |                                      |                 |          |
| Remove                           |                     |                                      |                 |          |

| (attach additional sheets, if necessary). (Be specific)   |
|---|
| Add the following clauses to the Articles:  |
| This organization is organized exclusively for charitable, educational, religious and/or scientific purposes under Section      |
| 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, and shall not                  |
| inure benefit or earnings to any private shareholder or individual.   |
| Upon the winding up and dissolution of this organization, after paying or adequately providing for the debts and obligations    |
| of the organization, the remaining assets shall be distributed to a nonprofit fund, foundation or corporation which is          |
| organized and operated exclusively for one or more exempt purposes within the meaning of Section 501(c)(3) of the               |
| Internal Revenue Code, or corresponding section of any future federal tax code, including to another tax-exempt                 |
| organization under Section 501(c)(3), or shall be distributed to the federal government, or to a state or local government, for |
| a public purpose.   |
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|   |

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

|                              | nendment(s) adoption:  | , if other than the |
|------------------------------|--|---------------------|
| date this document w         | as signed.   |                     |
| Effective date <u>if app</u> |  | <del> </del>        |
|                              | (no more than 90 days after amendment file date)   |                     |
|                              | erted in this block does not meet the applicable statutory filing requirements, this date will no date on the Department of State's records.   | ot be listed as the |
| Adoption of Amend            | ment(s) ( <u>CHECK ONE</u> )   |                     |
|                              | i(s) was/were adopted by the members and the number of votes cast for the amendment(s) ient for approval.  |                     |
|                              | embers or members entitled to vote on the amendment(s). The amendment(s) was/were board of directors.  |                     |
| Dated                        | 03/08/2018   |                     |
| Signatu                      |  |                     |
|                              | (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) |                     |
|                              | Maria Windmon  |                     |
|                              | (Typed or printed name of person signing)  |                     |
|                              | President  |                     |
|                              | (Title of person signing)  |                     |