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From: Lyslei Chirico

5/15/24, 4:45 PM

Florida Department of State **Division of Corporations**

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 : (561)544-8862 Phone

Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. sales@eloenterprises.us

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN TOTAL LOVE FOUNDATION OF AMERICA, CORP.

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Corporate Filing Menu

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To:

Articles of Amendment to Articles of Incorporation

TOTAL LOVE FOUNDATION OF AMERICA, CORP. (Name of Corporation as currently filed with the Florida Dept. of State) N18000004953 (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: 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: (Fiorida street address) New Registered Office Address: ے Florida ___ (Zip Code) (Cny) 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

To:

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.

X Change X Remove X Add	I'T John II V Mike J SV Sally S	ones	
Type of Agtion (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Y Change Add	<u>P</u>	QUEILA MONTANARI TAVARES	4185 NW 65TH AVE CORAL SPRINGS, FL 33067
Remove			•
2) Change Add	<u>D</u>	ROCHA, CHRYSLAINE	683 VERONA CT WESTON, FL 33326
Remove 3 1 Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet	ng additional Art eis, if necessary).	icles, enter change(s) here. (Be specific)	
N/A			
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From: Lyslei Chirico

N/A		
		
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The date of each amendment(s) ad late this document was signed.	doption:, if other	er than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo locument's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records	as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac	dopted by the members and the number of votes east for the amendment(s)	

Signature // (By the chairman or	
have not been selec	vice chairman of the board, president or other officer-if directors red, by an incorporator - if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)
DA SILVEIRA,	MARCELA CRISTINA
	(Typed or printed name of person signing)
TREASURER	