

N18000005981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

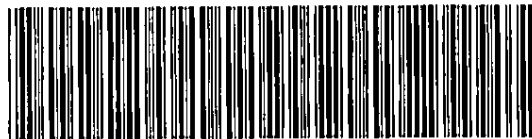
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 DEC -7 PM 2:09
SECURITY
FALL ARIZONA

Amend/cc

DEC 10 2018
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Captain Health's Youth Skills Center, Inc.

DOCUMENT NUMBER: N18000005981

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

Please return all correspondence concerning this matter to the following:

Alen Luten

(Name of Contact Person)

Captain Health's Youth Skills Center, Inc.

(Firm/ Company)

20307 NW 34 Ct

(Address)

Miami Gardens, FL 33056

(City/ State and Zip Code)

captainhealthyscl@gmail.com

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

For further information concerning this matter, please call:

Alen Luten 305-652-0000

(Name of Contact Person) at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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) |
|--|--|--|--|

RECEIVED

2018 DEC -7 AM 11:00

SECRET
TALLAHASSEE

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

October 22, 2018

ALEN LUTEN
CAPTAIN HEALTH'S
20307 NW 34TH COURT
MIAMI GARDENS, FL 33056

SUBJECT: CAPTAIN HEALTH'S YOUTH SKILLS CENTER INC
Ref. Number: N18000005981

We have received your document for CAPTAIN HEALTH'S YOUTH SKILLS CENTER INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The last page you submitted is for a Profit corporation.

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: 818A00021670



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2018

ALLEN LUTEN
CAPTAIN HEALTH'S YOUTH SKILLS CENTER INC
20307 NW 34TH COURT
MIAMI GARDENS, FL 33056

SUBJECT: CAPTAIN HEALTH'S YOUTH SKILLS CENTER INC
Ref. Number: N18000005981

We have received your document for CAPTAIN HEALTH'S YOUTH SKILLS CENTER INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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: 018A00018358

RECEIVED
10 OCT 18 10:00 AM
SECRET
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2018

ALEN LUTEN
CAPTAIN HEALTH'S YOUTH SKILLS CENTER INC
20307 NW 34TH COURT
MIAMI GARDENS, FL 33056

SUBJECT: CAPTAIN HEALTH'S YOUTH SKILLS CENTER INC
Ref. Number: N18000005981

We have received your document for CAPTAIN HEALTH'S YOUTH SKILLS CENTER INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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: 318A00016417

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18 AUG 29 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Captain Health's Youth Skill Center, Inc.

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

N18000005981

(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:

New Registered Office Address:

(Florida street address)

(City)

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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FALL ARCADE
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	<u>C</u>	<u>Lorenzo Denson</u>	<u>3375 NW 194 St</u>
<input checked="" type="checkbox"/> Add			<u>Miami Gardens, FL 33056</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>T</u>	<u>Robert Brown</u>	<u>15982 NW 48th Ave</u>
<input checked="" type="checkbox"/> Add			<u>Miami Gardens, FL 33014</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>S</u>	<u>Glenn Moyd</u>	<u>19010 NW 11 Ct</u>
<input checked="" type="checkbox"/> Add			<u>Miami, FL 33169</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>P</u>	<u>Alen Luten</u>	<u>20307 NW 34 Ct</u>
<input checked="" type="checkbox"/> Add			<u>Miami Gardens, FL 33056</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

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

AMEND ARTICLE II: PLACE OF BUSINESS to ADD - However, it may establish other office as such places, either within or without the State of Florida, as the Board of Directors may from time to time determine. These offices shall be Affiliates of said Corporation.

AMEND ARTICLE III: The primary purpose of Captain Health's Youth Skills Center, Inc. is to provide quality, hands-on classroom and on the job training/instruction in home improvement renovation for residential, commercial, and/or industrial settings.

AMEND ARTICLE IV: The President, Alen Luten, shall have life tenure and has the power to name his successor and/or procedures to name such in the event of his demise or due to emotional, mental, or physical incapacity.

ADD: ARTICLE VIII - CHARITABLE CLAUSE STATEMENT (SEE ATTACHED)

ARTICLE VIII
CHARITABLE ORGANIZATIONS PROVISIONS

NOTWITHSTANDING ANY POWERS GRANTED TO THE CORPORATION BY ITS ARTICLES, BY LAWS OR BY THE LAWS OF THE STATE OF FLORIDA, THE FOLLOWING LIMITATIONS OF POWER SHALL APPLY:

- A. THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING FOR SUCH PURPOSES THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.
- B. NO PART OF THE NET EARNINGS OF THE CORPORATION SHALL INSURE TO THE BENEFIT OF, OR BE DISTRIBUTABLE TO ITS MEMBERS, TRUSTEES, OFFICERS, OR OTHER PRIVATE PERSONS, EXCEPT THAT THE CORPORATION SHALL BE AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR THE SERVICES RENDERED AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF PURPOSES SET FORTH IN THE PURPOSE CLAUSE HEREOF. NO SUBSTANTIAL PART OF THE ACTIVITIES OF THE CORPORATION SHALL BE THE CARRYING ON OF PROPAGANDA, OR OTHERWISE A ITEM PTING TO INFLUENCE LEGISLATION, AND THE CORPORATION SHALL NOT PARTICIPATE IN, OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS) ANY POLITICAL CAMPAIGN ON OR BEHALF OF ANY CANDIDATE FOR PUBLIC OFFICE. NOTWITHSTANDING ANY OTHER PROVISION OF THIS DOCUMENT, THE ORGANIZATION SHALL CARRY ON ANY OTHER ACTIVITIES NOT PERMITTED TO BE CARRIED ON (i) BY AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (c)(3) OF THE CODE; OR (ii) BY AN ORGANIZATION CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION 170(c)(2) OF THE CODE.
- C. UPON DISSOLUTION OF THE CORPORATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501(C) (3) OF THE CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR A STATE OR LOCAL GOVERNMENT FOR PUBLIC PURPOSE. ANY SUCH ASSETS NOT SO DISPOSED OF SHALL BE DISPOSED BY THE COURT HAVING JURISDICTION OVER THE CORPORATION, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


SIGNATURE OF INCORPORATOR

Aug 2 2018
DATE

SIGNATURE OF REGISTERED AGENT

DATE

July 13, 2018

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

Effective date if applicable: Immediately

(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.
- ☒ 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 Aug 2 2018

Signature Alan M. Luten

(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)

Alan M. Luten

(Typed or printed name of person signing)

(Title of person signing)