

N196000006995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

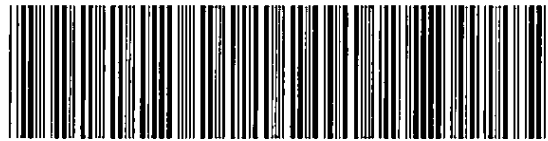
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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LETTER OF ACKNOWLEDGEMENT

To: Florida Division of Corporation

I am writing to submit payment for the filing fee of \$43.75 Enclosed you will find a [check X / money order ___ / transaction confirmation ___] for the aforementioned amount.

Please acknowledge receipt of this payment and confirm that all necessary paperwork has been processed accordingly. If there are any additional steps required from my end or if further information is needed, please do not hesitate to contact me.

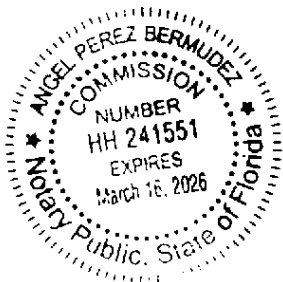
Thank you for your attention to this matter, and I appreciate your prompt handling of my payment.

Sincerely,

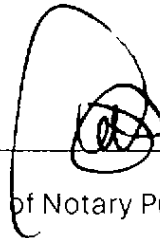
Edana Lama



(Seal)



Signature of Notary Public



Notary Public Statement:

Date: 05/22/24

Angel A. Perez Bermudez HH241551
Exp 03/16/26

Print, Type or Stamp Name of Notary:

Date: 05/22/2024

Personal Known: _____

Or Produced Identification: X

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Open Wings Foundation Inc

DOCUMENT NUMBER: N18000006925

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

Please return all correspondence concerning this matter to the following:

EDNA LAMA
(Name of Contact Person)

President
(Firm/ Company)

11546 Vinci Drive
(Address)

Windermere FL 34786
(City/ State and Zip Code)

compliance@foundationow.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDNA LAMA at 407 808 0632
(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 type="checkbox"/> \$35 Filing Fee | <input checked="" 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Open Wings Foundation Inc.

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

N 1800000 6995

(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)

740 W Main Street Suite 10
Haines City FL 33844

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

740 W Main Street Suite 10
Haines City FL 33844

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

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	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------|-------------------------------|--|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add | <u>VP</u> | <u>IRIS PADILLA</u> | <u>740 W MAIN ST S-10</u>
<u>Haines City FL 33844</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add | <u>S</u> | <u>YASIN SIAT</u> | <u>740 W Main ST S-10</u>
<u>Haines City FL 33844</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>TRINIDAD ZUBETA-MONTES</u> | <u>740 W Main ST S-10</u>
<u>Haines City FL 33844</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>SUSANA FERRO</u> | <u>740 W Main ST S-10</u>
<u>Haines City FL 33844</u> |
| 5) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>T</u> | <u>Diego A. Gomez</u> | <u>740 W Main ST S-10</u>
<u>Haines City FL 33844</u> |
| 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)

See attached sheet.

Adoption of Amendment(s) (CHECK ONE)

- ☐ 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 05/22/2024

Signature 
(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)

ENNA M LANA
(Typed or printed name of person signing)

President
(Title of person signing)

Articles III

Open Wings Foundation Inc is a Non-Profit organization, established in 2018 dedicated to improve the quality life for older adults in our community of Polk County in Central Florida. At our institution, we offer daily outpatient sessions specifically designed to provide them with a pleasant and fulfilling life, meeting all their basic needs, and providing them with the necessary support to strengthen their physical, cognitive, and emotional health.

Mission: "To provide compassionate and comprehensive care for the elderly population, ensuring their dignity, well-being, and quality of life are upheld through tailored support services and community engagement."

Vision: "A society where every elderly individual is valued, respected, and able to age with grace and dignity, surrounded by a supportive community that meets their evolving needs with empathy and understanding."

Purpose:

1. Offer a range of services addressing the physical, emotional, and social needs of elderly individuals to promote overall well-being.
2. Foster independence and autonomy among the elderly population through personalized care plans and empowerment programs.
3. Create opportunities for social interaction, engagement, and community involvement to combat loneliness and isolation among the elderly
4. Advocate for policies and practices that prioritize the rights, welfare, and dignity of elderly individuals within society and government.
5. Raise awareness about the challenges facing the elderly population and provide educational resources to empower individuals and caregivers.
6. Forge partnerships with other organizations, caregivers, and community stakeholders to maximize resources and support for elderly individuals.

Philosophy:

At Open Wings Foundation Inc, we believe in the importance of fostering a sense of belonging and purpose among seniors, empowering them to live fulfilling and meaningful lives in their later years. Through collaborative partnerships, innovative programming, and a dedicated team of staff and volunteers, we are committed to make a positive difference in the lives of elderly individuals and their families.