

N19 000 000 150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

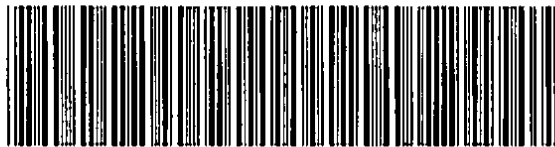
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600357492456

01/11/21--01027--010 \*\*43.75

S TALLENT

FEB 18 2021

2021 JAN 11 PM 3:23

*Handwritten signature*  
*WLC*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Mimi's Angels Inc.

DOCUMENT NUMBER: N19000000150

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

Please return all correspondence concerning this matter to the following:

Taylor Horne

(Name of Contact Person)

Mimi's Angels Inc.

(Firm/ Company)

14513 Josair Drive

(Address)

Orlando, Florida 32826

(City/ State and Zip Code)

mimisangelsnonprofit@gmail.com

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

For further information concerning this matter, please call:

Taylor Horne

407

697-7513

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:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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

Mimi's Angels Inc.

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

N19000000150

(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:**

Mimi's Angels Health Promotion 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:**

N/A

*(Principal office address **MUST BE A STREET ADDRESS**)*

**C. Enter new mailing address, if applicable:**

N/A

*(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: N/A

*(Florida street address)*

New Registered Office Address:

N/A

*(City)*

Florida N/A  
*(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.*

N/A

*Signature of New Registered Agent, if changing*

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:

(each additional sheet, if necessary)

*Please note the officer/director title by the first letter of the office title:*

*Use the first letter of the office/director title as the first letter of the office code.*  
 = 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.

sample:

<u>C</u> Change	<u>P</u> T	<u>J</u> ohn <u>D</u> oe
<u>R</u> Remove	<u>V</u>	<u>M</u> ike <u>J</u> ones
<u>A</u> Add	<u>S</u> V	Sally Smith

<u>Type of Action</u>	<u>Title</u>	<u>Name</u>	<u>Address</u>
(check One)			

[illegible]

N/A Remove

[illegible]

N/A	Remove			
N/A	Change			
N/A	Add			
N/A	Remove			

$\frac{N/A}{N/A}$	Change	_____	_____	_____
$\frac{N/A}{N/A}$	Add	_____	_____	_____

[N/A](#) [Remove](#)

N/A	Change	_____	_____	_____	_____
N/A	Add	_____	_____	_____	_____

N/A Remove

N/A	Change				
N/A	Add				

N/A Remove

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

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

Article 3 New Purpose · Mission Statement as follows: Our mission is to promote the health and wellness of our community.

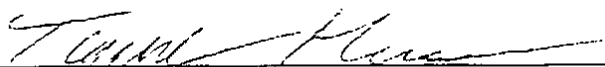
hile raising funds for underprivileged families and children.

new E-mail for annual reports: [mahealthpromotion@gmail.com](mailto:mahealthpromotion@gmail.com)

- ☐ 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 1/8/21

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)

Taylor Horne  
(Typed or printed name of person signing)

President  
(Title of person signing)