

N19 000001374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

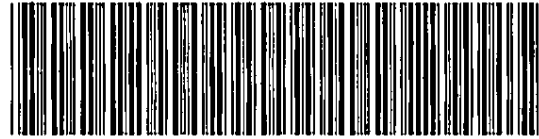
(Business Entity Name)

(Document Number)

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2020 OCT -5 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FL

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11/17/20

*Handwritten signature*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

Embrace Arms Foundation INCORPORATED

NAME OF CORPORATION: \_\_\_\_\_

N19000001374

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Lagny Victor

\_\_\_\_\_  
(Name of Contact Person)

EMBRACE ARMS FOUNDATION INC

\_\_\_\_\_  
(Firm/ Company)

2677 Forest Hill Blvd, Suite 125

\_\_\_\_\_  
(Address)

Palm Springs, Florida 33406

\_\_\_\_\_  
(City/ State and Zip Code)

lvictor@embracearms.org

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

For further information concerning this matter, please call:

Lagny Victor

561-401-8018

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:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED

2020 OCT -5 PM 4: 50

Embrace Arms foundation

*Incorporated*

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

N19000001374

SECRETARY OF STATE  
TALLAHASSEE, FL

(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.*

2677 forest hill blvd

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS) unit 125

Palm Springs Fl 33406

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

(Mailing address MAY BE A POST OFFICE BOX)

2677 Forest Hill Blvd

Unit 125

Palm Springs Fl. 33406

**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*

## 2- Augustin Pierre Resigned from the Embrace Arms Foundation

☒ 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.

4/25/2020

Dated \_\_\_\_\_

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)

Dr. Lagny P Victor

\_\_\_\_\_  
(Typed or printed name of person signing)

\_\_\_\_\_  
President

(Title of person signing)