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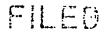
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	4 the Smile of It, IN			<u> </u>
DOCUMENT NUMBER:	N19000001717			
The enclosed Articles of Am				
Please return all corresponde	nce concerning this matter	to the following:		
Kenneth Fort				
	(	Name of Contact Pers	son)	
4 the Smile of It. INC.				
		(Firm/ Company)		
1217 NW 16th Ave				
·		(Address)		-
Gainesville, Florida 32601				
	(1	City/ State and Zip Co	nde)	
4theSmile@gmail.com				
E	-mail address: (to be used f	or future annual repo	rt notification	1)
For further information conc	erning this matter, please ca	all:		
Kenneth Fort		at	352	224-8163
<del>-</del> .	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida De	partment of	State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & E Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A Amendme Division o P.O. Box 6	nt Section Corporations	Ame Divi	et Address ndment Sect sion of Corpo on Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



4 the Smile of It. INC.		2019 HAY 10 A 12: 58
(Name of Corporation as	currently filed with the Flor	ida Dept. of State)
N19000001717		TALLAHASSEE TEGNIO
(Documen	t Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	orporation:	
N/A		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	corporation" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable	. N/A	
(Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>N</u> /A	
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:	'A	
_	(F)	lorida street address)
New Registered Office Address:	, .	
N/	/A	. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.
	,	
	Signature of New Regist	tered 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:  X Change X Remove X Add	<u>V</u> <u>Mik</u>	n <u>Doc</u> te Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
!) Change	• •	N/A .	
Add			
Remove			
2) Change	<del></del>	N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6)Change		N/A	<u> </u>
Add			
Remove			

(attach additional sheets, if necessary). (Be specific)
Article VIII
The organizations purpose is:
The organization is organized exclusively for charitable purpose under section 501 (c)(3) of the Internal revenue Code,
or corresponding section of any future federal tax code.
Anicle XI
The clasue of dissolution is:
Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning
of section 501(c)(3) of the Internal Revenue code, or corresponding section of any future federal tax code, or shall
be distributed to the federal government, or to a state or local government, for a public purpose.
<del>.</del>

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

	date of each amer this document was	signed.	, if other than the
Effe	ective date <u>if appli</u>	cable:	
		(no more than 90 days after amendment file date)	
		ed in this block does not meet the applicable statutory filing requirements, this date will not ate on the Department of State's records.	t be listed as the
Ade	option of Amendm	ent(s) ( <u>CHECK ONE</u> )	
	The amendment(s) was/were sufficient	) was/were adopted by the members and the number of votes cast for the amendment(s) at for approval.	
	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
	Dated	May 8, 2019	
	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)	
		Kenneth Fort	
		(Typed or printed name of person signing)	
		Director	
		(Title of person signing)	
	•		