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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

Our Sacred Aca	•			
N19000004106 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are				
Please return all correspondence concerning this	matter to the following:			
	Katherine Yepes			
	(Name of Contact Pe	rson)	<del></del>	_
	(Fi/ C	`	······	
	(Firm/ Company 401 W. Atlantic Ave S			
	(Address)			
	Delray Beach, FL 33	444		
	(City/ State and Zip C	Code)		
	OurSacredAcademy@g	gmail.com		
E-mail address: (to be	used for future annual repo	ort notification	1)	
For further information concerning this matter, pl	ease call:			
Katherine Yepes	at	(786)	286-0667	
(Name of Contact Pe		•	(Daytime Telephone Num	ber)
Enclosed is a check for the following amount made	de payable to the Florida D	epartment of	State:	
\$35 Filing Fee  \$\square\$	tus Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Am Div	eet Address endment Sect ision of Corpo iton Building		

2661 Executive Center Circle Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of



		2014 = 120 PM 2:38
(Name of Corporation as cur	rently filed with the Flor	rida Dept. of State)
Our Sacred Aca	demy, Inc.	,
(Document Nu	mber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	ration:	
N/A		Ti
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated	The new d" or the abbreviation "Corp." or "Inc."
Company or Co. may not be used in the name.	N/A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES		
in the fact of the		
		· · · · · · · · · · · · · · · · · · ·
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 of	office address in Florida.	enter the name of the
new registered agent and/or the new registered offic		
	N/A	
Name of New Registered Agent:	·	<del></del>
<del></del>		
New Registered Office Address:	(F)	lorida street address)
<del></del>	N/A	
· · · · · · · · · · · · · · · · · · ·		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ed Agent	
I hereby accept the appointment as registered agent. I am		the obligations of the position.
	•	
<del></del>	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 Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X 1) Change	D. CEO	Katherine Yepes	401 W. Atlantic Ave S.O9
Add			Delray Beach, FL 33444
Remove			
X 2) Change	D, CFO	Alexander Yepes	401 W. Atlantic Ave S. O9
Add	<del></del>		Delray Beach, FL 33444
Remove	D, P	Daisy Voytenkov	401 W. Atlantic Ave. S.O9
3) Change	<del></del>	Daisy Voytenkov	Delray Beach, FL 33444
Add			Deliay Beach, 112 3,777
Remove			
4) Change	V	Maksim Voytenkov	401 W. Atlantic Ave S. O9
Add			Delray Beach, FL 33-4-14
X Remove			
X Change	SV	Fidel Calero	401, W. Atlantic Ave. S.O9
Add			Delray Beach, FL 334-14
Remove			
6) Change	т	Regina Vlasek	401 W. Atlantic Ave. S.O9
X Add			Delray Beach, FL 33-144
Remove			

## E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Article VIII
A. Said organization is organized exclusively for charitable, 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, or corresponding section of any future federal tax code.
B. 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 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 public purpose. Any such assets not disposed of shall be
disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located.
exclusively for such purposes or to such organization or organizations as said Court shall determine, which are
organized and operated exclusively for such purposes.
C. Updating FEIN
Our Sacred Academy, Inc
Document Number: N19000004106
FEIN: 83-4482441

		N/A	
The	date of each amendme	nt(s) adoption:	_, if other than the
	this document was signe	ed.	
		N/A	
Effe	ctive date <u>if applicable</u>	: (no more than 90 days after amendment file date)	
		,	
		this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	be listed as the
Ado	ption of Amendment(s)	( <u>CHECK ONE</u> )	
	The amendment(s) was/was/were sufficient for	were adopted by the members and the number of votes cast for the amendment(s) approval.	
	There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were f directors.	
	Dated	7/2019	
	Signature	The state of the s	
		he chairman or vice chairman of the board, president or other officer-if directors	
		not been selected, by an incorporator - if in the hands of a receiver, trustee, or	
	othe	r court appointed fiduciary by that fiduciary)	
		Katherine Yepes	
	_	(Typed or printed name of person signing)	
		Incorporator, CEO	
	_	(Title of person signing)	

STACK:

Employer Identification Number:

83-4482441

Form: SS-4

Number of this notice: CP 575 A

OUR SACRED ACADEMY 401 W ATLANTIC AVE STE 09 DELRAY BEACH, FL 33444

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-4482441. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120 11/15/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538,