# N21000014565

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| PICK-UP WAIT MAIL                       |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |
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Office Use Only



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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| GROFODEM NAME OF CORPORATION:   | NON PROFIT ORGANIZATION CORP                  |   |  |  |  |  |
|---|---|---|--|--|--|--|
| DOCUMENT NUMBER:  |   |   |  |  |  |  |
| The enclosed Articles of Amendment and fee ar                             | re submitted for filing.                      |   |  |  |  |  |
| Please return all correspondence concerning this matter to the following: |   |   |  |  |  |  |
| Cheyenne Moseley  |   |   |  |  |  |  |
|   | (Name of Contact Person)                      |   |  |  |  |  |
| Legalzoom.com, Inc.   |   |   |  |  |  |  |
|   | (Firm/ Company)                               |   |  |  |  |  |
| 101 N   | I. Brand Blvd., 11th Floor                    |   |  |  |  |  |
|   | (Address)                                     |   |  |  |  |  |
|   | Glendale, CA 91203                            |   |  |  |  |  |
|   | (City/ State and Zip Code)                    |   |  |  |  |  |
| gwofodem1@yahoo.fr  |   |   |  |  |  |  |
| E-mail address: (to be  | e used for future annual report notification) |   |  |  |  |  |
| For further information concerning this matter, p                         | olease call:                                  |   |  |  |  |  |
| Cheyenne Moseley  | 800 773-088                                   | 8 ext. 9724                               |  |  |  |  |
| (Name of Contact Person)  | (Area Code & Daytim                           | e Telephone Number)                       |  |  |  |  |
| Enclosed is a check for the following amount ma                           | ade payable to the Florida Department of Sta  | te:                                       |  |  |  |  |
| □ \$35 Filing Fee □ \$43.75 Filing F<br>Certificate of St                 | (Additional copy is Certified                 | te of Status<br>Copy<br>nal Copy is       |  |  |  |  |
| Mailing Address   | Street Address                                |   |  |  |  |  |
| Amendment Section   | Amendment Section                             |   |  |  |  |  |
| Division of Corporations<br>P.O. Box 6327                                 | •   | Division of Corporations Clifton Building |  |  |  |  |
| Tallahassee, FL 32314   |   | 2661 Executive Center Circle              |  |  |  |  |

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed   | with the Florida Dept. of State)                          |                         |
|---|---|-------------------------|
| N21000014565  |   |                         |
| (Document i   | Number of Corporation (if known)                          |                         |
| Pursuant to the provisions of section 617.1006, Famendment(s) to its Articles of Incorporation: | Florida Statutes, this Florida Not For Profit Corporation | on adopts the following |
| A. If amending name, enter the new name of  | the corporation:  |                         |
|   |   | The new                 |
| name must be distinguishable and contain the we<br>"Company" or "Co." may not be used in the na | ord "corporation" or "incorporated" or the abbreviat      | ion "Corp," or "Inc.'   |
| Company or Co. may not we used in the na  | ime.  |                         |
| B. Enter new principal office address, if appli   |   |                         |
| Principal office address <u>MUST BE A STREET</u>  | (ADDRESS )  |                         |
|   |   |                         |
|   |   |                         |
| C. Enter new mailing address, if applicable:  |   |                         |
| (Mailing address <u>MAY BE A POST OFFIC</u>   | (E BOX)   | <del></del>             |
|   |   | 23                      |
|   |   | 23 JUN 15 AM 4: 40      |
|   |   |                         |
|   | egistered office address in Florida, enter the name o     | f the                   |
| new registered agent and/or the new register  | tered office address:                                     | 3                       |
| Name of New Registered Agent:   |   | · ·                     |
|   |   | 0                       |
|   | (Florida street address)                                  |                         |
| New Registered Office Address:  |   |                         |
|   | , Florida   |                         |
|   | (City)  | (Zip Code)              |
|   | TS - 2 4 - 1 4 - 1  |                         |
| New Registered Agent's Signature, if changin  | g Registered Agent:                                       |                         |

Page 1 of 4

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:  X Change X Remove X Add | <u>PT</u><br><u>V</u><br><u>SV</u> | John Doe<br>Mike Jones<br>Sally Smith |                          |
|-----------------------------------|------------------------------------|---------------------------------------|--------------------------|
| Type of Action<br>(Check One)     | <u>Title</u>                       | <u>Name</u>                           | <u>Addres</u> s          |
| 1) Change                         | P                                  | SILENCIE, PHANORD B                   | 1363 ALGIERS STREET      |
| Add X Remove                      |                                    |                                       | PORT CHARLOTTE, FL 33980 |
| 2) Change                         | Р                                  | Silencienne Phanor Baltazar           | 1363 ALGIERS STREET      |
| X Add                             |                                    |                                       | PORT CHARLOTTE, FL 33980 |
| Remove                            |                                    |                                       |                          |
| 3) Change                         |                                    |                                       | _                        |
| Add                               |                                    |                                       |                          |
| Remove                            |                                    |                                       |                          |
| 4) Change                         |                                    | _                                     |                          |
| Add                               |                                    |                                       |                          |
| Remove                            |                                    |                                       |                          |
| 5) Change                         |                                    |                                       |                          |
| Add                               |                                    |                                       |                          |
| Remove                            |                                    |                                       | <del></del>              |
| 6) Change                         |                                    |                                       |                          |
| Add                               |                                    |                                       |                          |
| Remove                            |                                    |                                       |                          |

| (attach additional sheets, if necessary). (Be specific)  Article III: The specific purpose for which this corporation is organized is: |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
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| Γhe<br>date   | , if other than the  |   |  |
|---|--|---|--|
| Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date) |  |   |  |
| A da  | option of Amendment(s) (CHECK ONE)   |   |  |
|   | 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.   |   |  |
|   | Signature Silentiems Phones Baltagas  (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) | _ |  |
|   | Silencienne Phanor Baltazar  |   |  |
|   | (Typed or printed name of person signing)  |   |  |
|   | President  |   |  |
|   | (Title of person signing)  |   |  |

#### Attachment to

# Articles of Amendment

## GROFODEM NON PROFIT ORGANIZATION CORP

Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under the section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code. The business activity for said organization is as follows: help homeless/refugees get food and accommodation. Also help in providing educational assistance and healthcare assistance (giving medicinal kits).

No part of the net earnings of this organization shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth herein. No substantial part of the activities of this corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and this corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of this document, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c) (2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Upon the dissolution of this corporation, assets remaining 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. Any such assets not so disposed of shall be disposed by a Court of Competent Jurisdiction 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.