

N22000009728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

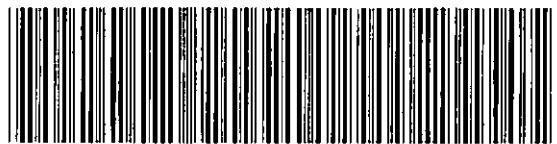
(Business Entity Name)

(Document Number)

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2024 OCT - 8 AM 9:00
TALLAHASSEE, FLORIDA

FILED

September 26, 2024

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: The Heart of Erron Foundation, Inc.

To Whom It May Concern:

Enclosed with this letter please find the following:

1. The Articles of Amendment to Articles of Incorporation.
2. A check for \$35.00 for the Filing Fee.
3. A pre-addressed envelope.

Please file and return the certificate to me in the enclosed envelope. If you have any questions or concerns regarding this filing please call me at 800-706-4741.

Sincerely yours,

Crayton Olivieri

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _____
The Heart of Erron Foundation, Inc.

DOCUMENT NUMBER: _____
N22000009728

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

Please return all correspondence concerning this matter to the following:

Crayton Olivieri

(Name of Contact Person)

Anderson Business Advisors

(Firm/ Company)

3225 McLeod Dr, Suite 100

(Address)

Las Vegas, Nevada 89121

(City/ State and Zip Code)

ra@andersonadvisors.com

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

For further information concerning this matter, please call:

Crayton Olivieri	800	706-4741
at	(Area Code)	(Daytime Telephone Number)
(Name of Contact Person)		

Enclosed is a check for the following amount made payable to the Florida Department of State:

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

The Heart of Erron Foundation, Inc.

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

N22000009728

(Document Number of Corporation (if known))

2024 OCT -8 AM 9:00

MELANASSEE, FLORIDA

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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(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: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____

(City) (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

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 PTD 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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action	Title	Name	Address
(Check One)			
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>Lolita Chesterfield</u>	<u>3225 McLeod Dr., Suite 100</u> <u>Las Vegas, NV 89121</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>V</u>	<u>Aaliyah Hayes</u>	<u>3225 McLeod Dr., Suite 100</u> <u>Las Vegas, NV 89121</u>
<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PSD</u>	<u>Errica Chesterfield</u>	<u>3225 McLeod Dr., Suite 100</u> <u>Las Vegas, NV 89121</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>PTD</u>	<u>Nina Harris</u>	<u>3225 McLeod Dr., Suite 100</u> <u>Las Vegas, NV 89121</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>D</u>	<u>Rotunda East</u>	<u>3225 McLeod Dr., Suite 100</u> <u>Las Vegas, NV 89121</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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

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

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

(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.

Dated 9/25/2024

Signature Erin Chesterfield

(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)

Erin Chesterfield

(Typed or printed name of person signing)

President

(Title of person signing)

2024 OCT - 8 AM 9:00
FILED
MALLAHASSEE, FLORIDA

Certificate Of Completion

Envelope Id: 1B6FF26178AD4983BDDA25C1E8760EBA Status: Completed
 Subject: Unfiled FL Amendment - The Heart of Erron Foundation, Inc..pdf - Shared from Box
 Credit Card Number:
 Source Envelope:
 Document Pages: 5 Signatures: 1
 Certificate Pages: 5 Initials: 0
 AutoNav: Enabled
 EnvelopeId Stamping: Enabled
 Time Zone: (UTC-08:00) Pacific Time (US & Canada)
 Envelope Originator:
 Your Anderson Team
 3225 Mcleod Drive
 Las Vegas, NV 89121
 myteam@andersonadvisors.com
 IP Address: 74.112.186.73

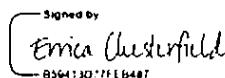
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 9/25/2024 1:54:15 PM myteam@andersonadvisors.com

Signer Events

Errica Chesterfield
 opendoorsolutions18@gmail.com
 Security Level: Email, Account Authentication (None)

Signature

Signed by

 B56413017FE6487

Timestamp

Sent: 9/25/2024 1:54:16 PM
 Viewed: 9/25/2024 2:51:04 PM
 Signed: 9/25/2024 2:52:39 PM

Signature Adoption: Pre-selected Style
 Using IP Address: 47.197.113.78
 Signed using mobile

Electronic Record and Signature Disclosure:

Accepted: 9/25/2024 2:51:04 PM
 ID: 13e1a250-136c-43af-a847-9081d0bbb6c1

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp**

Crayton Olivieri
 colivieri@andersonadvisors.com
 Anderson Business Advisors
 Security Level: Email, Account Authentication (None)

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Electronic Record and Signature Disclosure:
Not Offered via DocuSign**Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent
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 9/25/2024 2:52:39 PM
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Payment Events	Status	Timestamps
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Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum

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Settings:

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