

N220000014107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

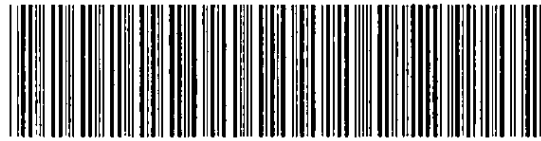
(Business Entity Name)

(Document Number)

Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Instructions to Filing Officer.

Office Use Only



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*Amend*

02/24/23--01001--005 \*\*52.50

FILED

2023 MAR 14 PM 12 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 FEB 23 PM 3:22

REGISTRARS  
TALLAHASSEE, FLORIDA

A. RAMSEY  
MAR 14 2023

\*00789, 01092, 00524 @0671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2023

TAMARA KAIWA  
KAIWA CARES, INC.  
8433 SOUTHSIDE BOULEVARD, APT 108  
JACKSONVILLE, FL 32256

SUBJECT: KAIWA CARES, INC  
Ref. Number: N22000014107

We have received your document for KAIWA CARES, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please remove the reference to the dba name. The Dept of State does not record by-laws. You may amend your articles of incorporation. Please remove the reference to the by-laws in section E. In your articles of incorporation the purpose is article III not section 1.02.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 123A00004480

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Kaiwa Cares, Inc

DOCUMENT NUMBER: N22000014107

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

Please return all correspondence concerning this matter to the following:

Tamara Kaiwa  
(Name of Contact Person)

Kaiwa Cares, Inc.  
(Firm/ Company)

8433 Southside Boulevard Apartment 108  
(Address)

Jacksonville, Florida 32256  
(City/ State and Zip Code)

TammyjKaiwa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara Kaiwa at 904 576-7337  
(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 & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is 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

2023 MAR 14 PM 02 02

Karwa Cares, Inc

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

N22000014107

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:

NA

*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:

NA

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

NA

(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: NA

(Florida street address)

New Registered Office Address:

NA

(City)

Florida NA

(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 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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>T/VP</u>	<u>Augustine Kaiwa</u>	<u>8433 Southside BLVD APT 108</u> <u>Jacksonville, FL 32256</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>P/C</u>	<u>Tamara Kaiwa</u>	<u>8433 Southside BLVD Apt 108</u> <u>Jacksonville, FL 32256</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S/D</u>	<u>Karen Cody</u>	<u>17421 NW 278th Avenue</u> <u>Alachua, FL 32615</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____

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

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

Kaiwa Cares, Inc. ARTICLE I Name and Purposes

Section 1.01. Name The name of the organization is your Kaiwa Cares, Inc.

Article III Purpose. This corporation is organized exclusively for charitable and educational purposes, more specifically to pr

. To this end, the corporation shall at all times be operates exclusively for charitable purposes within meaning of

section 501 (c) (3) of the Internal Revenue Service Code of 1986, as now enacted or hereafter amended, including, for such

purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3)

of the Internal Revenue Service Code of 1986, as now enacted or hereafter amended.

All funds, whether income of principal, and whether acquired by gift or contributions or otherwise, shall be devoted to said purpose.

The date of each amendment(s) adoption: 3/11/2023, if other than the date this document was signed.

Effective date if applicable: 3/11/2023  
*(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)**

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 3/11/2023 \_\_\_\_\_

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)

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

President/Chairman  
\_\_\_\_\_  
(Title of person signing)