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(((H24000239413 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN SMALL ACTS OF KINDNESS, INC.

Certificate of Status	0
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pg 2 of 7



July 15, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SMALL ACTS OF KINDNESS, INC. 20315 NE 12 AVE MIAMI, FL 33179

SUBJECT: SMALL ACTS OF KINDNESS, INC.

REF: N23000002231

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6050.

Tammi Cline FAX Aud. #: H24000239413

Regulatory Specialist II Supervisor Letter Number: 724A00015363

COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION	SMALL ACTS OF ON:	KINDNESS, INC.			
DOCUMENT NUMBER.	N23000002231				
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this mat	ter to the following:			
Marion Hill					
-		(Name of Contact Pe	rson)		
Weiss Serota Helfman Cole	& Bierman, PL				
		(Firm/ Company)		
2800 Ponce de Leon Boules	vard, Suite 1200				20
		(Address)			2
Coral Gables, Florida 3313	4) - -	= -
		(City/ State and Zip (Code)		_
mhill@wsh-law.com				<u></u>	Z.
-	-mail address: (to be use	d for future annual ren	ort notification)	`	ۻ
	,	·	or, normalion,	1 - 5 - 6	1Û :6
For further information con-	cerning this matter, pleas	c call:			
Marlon Hill		A1	305-854-0800		
	(Name of Contact Person	n) at	(Area Code) (Daytime Telephor	ne Number)	
Enclosed is a check for the	following amount made p	ayable to the Florida [Department of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status		
Mailing /			get Address		
Amendment Section		Amendment Section Division of Comporations			

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

(Name of Corporation as currently filed with the Flori	da Dept. of State)		 -
N23000002231			
(Document N	umber of Corporation (i	(known)	
Pursuant to the provisions of section 617.1006, Florida Stamendments) to its Articles of Incorporation:	tatutes, this <i>Florida Not</i> .	For Profit Corporation adopts the fol	llowing
4. If amending name, enter the new name of the corpo	ration:		
TRANSCEND FOUNDATION, INC.		_	The new
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	(223		2024 JUI 17 AM
). If amending the registered agent and/or registered off new registered agent and/or the new registered officered.		enter the name of the	9: 04
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
		Florida	
	(City)	(Zip Code)	

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	PT John D Y Mike J SV Sally S	lones			
Type of Action (Check One)	Title	Name	Address		
1) Change Add				<u>-</u>	
Remove				-	
2) Change Add		 		- - 20:	
Remove Change Add Remove				2024 JUL 17	
4) Change Add				9. N	
Remove			3	- 0 <u>1</u>	
5) Change Add				- -	
Remove	,		***************************************	,	
6) Change Add				- -	
Remove					
E. If amending or adding (attach additional sheet)	ng additional Art ts, if necessary).	(les, enter change(s) here: (Be specific)		_	
	-			-	
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The date of each amendment(s) as	ioption:	if other than the
date this document was signed.	nobelou.	
Effective data if applicable:		
Effective date it applicatore.	(no more than 90 days after amendment file date	2)
Note: If the date inserted in this bk document's effective date on the De	ick does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast fo	or the amendment(s)

There are no members or members entitled to vote on the emcodescrit(s). The smendment(s) was/were adopted by the board of directors.

Dated	June 3, 2024
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 eppointed fiduciary by that fiduciary) Rain Jarrott
	(Typed or printed name of parson signing)
	Director
	(Title of person signing)

2024 JUL 17 AM 9: 04