

N24 00000 2203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

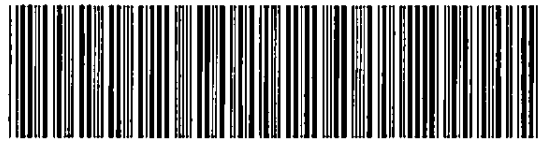
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL - 9 2024

Office Use Only



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2024 JUL 24 PM 2:57

COVER LETTER

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

SUBJECT: Coach Linda charity INC.
CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

\$35.00 Filing Fee
 \$43.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$52.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Renaud Etienne
Name (Printed or typed)

5800 Barnes RD S Apt 175
Address

JACKSON, FL 32216
City, State & Zip

754-801-1423
Daytime Telephone number

Familleetiktok7@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the document.

2024... 03:58
RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME

The name of the corporation is:

Coach Linda Charity Inc.

ARTICLE II RESTATED ARTICLES

The text of the Restated Articles is as follows:

Coach Linda Charity Inc. is a non-profit organization dedicated to empowering individuals and families in need. Our mission is to provide a holistic approach to assistance, addressing the most basic and critical needs in our community.

Voting:

All Board members shall have equal voting rights.

A majority vote shall be required for decision-making.

Financial Oversight

The president and vice president shall manage the organization's finances.

All financial decisions shall be approved by a majority vote of the Board members.

The Bylaws may be amended or revised by a majority vote of all Board members.

ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

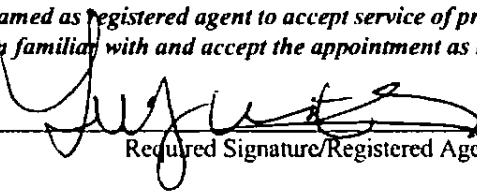
<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Sixto NOEL</u>	<u>5800 Barnes Rds</u> <u>Apt 175, Jacksonville</u> <u>FL, 32216</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>LORNA Baptiste</u>	<u>1181 Roger Avenue</u> <u>Apt 4 Brooklyn</u> <u>New York, 11226</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>NADIE Lafortune</u>	<u>2914 N Fleming</u> <u>St Apt B304</u> <u>Gardena City</u> <u>Kansas 67846</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	_____	_____	_____

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Linda Etienne

Address: 5800 Barnes S Apt 175
Jacksonville FL 32216

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

05/06/2024
Date

ARTICLE VI ARTICLE CONSOLIDATION

These adopted restated articles of incorporation supersede the original articles of incorporation and all amendments to them.

ARTICLE VII REQUIRED ADOPTION INFORMATION

Adoption of Amendment(s) (CHECK ONE)

These restated articles of incorporation contain an amendment to the articles of incorporation which required member approval. The date of adoption of the amendments was _____, and the votes cast were sufficient for approval

These restated articles of incorporation were adopted by the board of directors.

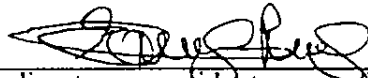
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/01/2024 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)

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.

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dated: 05/06/2024

Signature: 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

Renauld Lotienne
(Typed or printed name of person signing)

Vice President
(Title of person signing)

2024/11/27 PM 2:58

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2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>LORNA Baptiste</u>	<u>1181 Roger Avenue Apt 4 Brooklyn New York, 11226</u>
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6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

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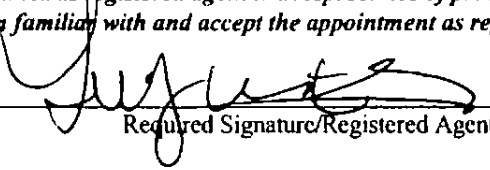
Name:

Linda Etienne

Address:

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Jacksonville FL 32216

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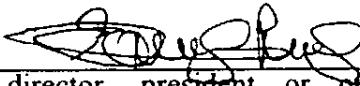
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Renauld Lotienne
(Typed or printed name of person signing)

Vice President
(Title of person signing)