# N39591

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| , , ,                                   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2009 APR 20 AMII: 01
SECRETARY OF STATE

MC

TB 4-21-09

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATIO   | N: Variety Club                  | of Florida, Inc.  |  |
|--|----------------------------------|---|--|
| DOCUMENT NUMBER: 1   | V39591                           |   |  |
| The enclosed Articles of Amo   | endment and fee a                | re submitted for filing.  |  |
| Please return all corresponde  | nce concerning thi               | is matter to the following:   |  |
| Roland H. Ac   |                                  |   |  |
|  | (Name o                          | of Contact Person)  |  |
| Roland H. Acc  | osta & Associa                   |   |  |
|  | (Fir                             | rm/ Company)  |  |
| 1155 Louisiar  | na Avenue, S <u>u</u>            |   |  |
|  |                                  | (Address)   |  |
| Winter Park,   | Florida 32789                    |   |  |
| <del></del>  |                                  | tate and Zip Code)  |  |
| For further information conce  | erning this matter,              | please call:  |  |
| Roland H. Acosta   |                                  | at ( 407 ) 644-253  |  |
| (Name of Contact   | Person)                          | (Area Code & Daytime  | Telephone Number)  |
| Enclosed is a check for the fo   | llowing amount n                 | nade payable to the Florida Dep   | eartment of State:   |
| <del></del>  | 75 Filing Fee & ficate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231 |                                  | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301 | rcle   |

### Roland H. Acosta &Associates, P.A.

April 17, 2009

RECEIVED

2009 APR 20 AM 8: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1155 Louisiana Avenue, Suite 206

Winter Park, FL 32789 Phone: 407-644-2531 Fax: 407-628-9289 RAcosta@acostaatlaw.com

Teresa Brown, Regulatory Specialist II Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re:

Variety of Orlando, Inc.

Ref. No.:

N39591

Dear Ms. Brown:

Enclosed please find the corrected Articles of Amendment with your requested changes. If you have any questions or need further documentation, please do not hesitate to contact our office at your convenience.

Best regards,

rilee Rivera

Assistant to Roland H. Acosta

/ar

**Enclosure** 



March 31, 2009

ROLAND H ACOSTA ROLAND H ACOSTA & ASSOCIATES 1155 LOUISIANA AVE WINTER PARK, FL 32789

SUBJECT: VARIETY OF ORLANDO, INC.

Ref. Number: N39591

We have received your document for VARIETY OF ORLANDO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

The name of the corporation must contain a corporate suffix. This suffix 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:

The document must have original signatures.

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) 245-6925.

Letter Number: 209A00010869

Teresa Brown Regulatory Specialist II

#### **Articles of Amendment** Articles of Incorporation

| 20.           | FILE             |
|---------------|------------------|
| TASEUD.       | RY OF ST.        |
| ALLAHASS      | RY OF STAPLORIOA |
| pt. of State) | FLORIDA          |

|   | of                           | ALICRETA AMI                     |
|---|------------------------------|----------------------------------|
| Var   | iety of Orlando, Inc.        | AMILAHASSEE FLORIO               |
| (Name of Corporation as cur   |                              | a Dept. of State                 |
|   | N39591                       |                                  |
| (Document N   | umber of Corporation (if kno | wn)                              |
| rsuant to the provisions of section 617.100 following amendment(s) to its Articles of   |                              | ida Not For Profit Corporation 2 |
| If amending name, enter the new name  | of the corporation:          |                                  |
| ariety - The Children's Charity   | of Florida, Inc.             |                                  |
| e new name must be distinguishable and<br>breviation "Corp." or "Inc." <u>"Company"</u> | contain the word "corporal   | tion" or "incorporated" or the   |
| reviation Corp. or Inc. <u>"Company"</u>  | or Co. may not be used to    | u ine nume.                      |
| Enter new principal office address, if a  |                              |                                  |
| incipal office address <u>MUST BE A STRE</u>  | EEI ADDKESS )                |                                  |
|   |                              | <del>.</del>                     |
|   |                              |                                  |
| Enter new mailing address, if applicab  |                              |                                  |
| (Mailing address MAY BE A POST OF)  | FICE BOX)                    |                                  |
|   |                              |                                  |
|   |                              |                                  |
|   |                              |                                  |
|   |                              |                                  |
|   |                              | n Florida, enter the name of the |
| If amending the registered agent and/or new registered agent and/or the new re          |                              | n Florida, enter the name of the |
|   |                              | n Florida, enter the name of the |
| new registered agent and/or the new re  |                              | n Florida, enter the name of the |
| new registered agent and/or the new re  |                              | ·                                |
| Name of New Registered Agent:   | gistered office address:     | ·                                |

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)

| <u>Title</u>            | <u>Name</u>   | Address                                   | Type of Action |
|-------------------------|---|---|----------------|
| . ——                    |   |   | n n            |
|                         |   |   | Remove         |
|                         |   | , .                                       | Add            |
| E. If amen<br>(attach a | ding or adding additional Artiditional sheets, if necessary). | cles, enter change(s) here: (Be specific) |                |
|                         |   |   |                |
|                         |   |   |                |
| <del>,</del>            |   |   |                |
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| ·                       |   |   |                |
|                         |   |   |                |

| The date of each amendment                            | t(s) adoption: January 01, 2009   |
|---|---|
| Effective date if applicable:                         |   |
|   | (no more than 90 days after amendment file date)                                      |
| Adoption of Amendment(s)                              | (CHECK ONE)   |
| The amendment(s) was/we was/were sufficient for app   | re adopted by the members and the number of votes cast for the amendment(s) roval.    |
| There are no members or a adopted by the board of dis | members entitled to vote on the amendment(s). The amendment(s) was/were rectors.      |
|   | uary 30, 2009   |
| Signature   | the chairman or vice chairman of the board, president or other officer-if directors   |
|   | re not been selected, by an incorporator – if in the hands of a receiver, trustee, or |
|   | er court appointed fiduciary by that fiduciary)                                       |
|   | Tom Endre   |
| •   | (Typed or printed name of person signing)   |
|   | President   |
|   | (Title of person signing)   |

Page 3 of 3