

N45771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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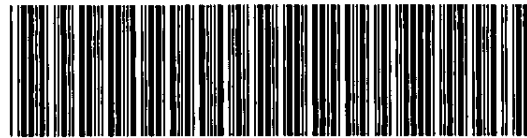
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
14 FEB -4 PM 02

Amend/Name
@ 2/3/14 ch 8

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Orlando Dietetic Association, Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Kelsee Gomes
(Name of Contact Person)

Orlando Dietetic Association, Inc.
(Firm/ Company)

PO Box 561658
(Address)

Orlando, FL 32856
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Kelsee Gomes at (704) 661-5300
(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:

- ☒ \$35 Filing Fee
Already paid
- ☐ \$43.75 Filing Fee & Certificate of Status
- ☐ \$43.75 Filing Fee & Certified Copy
(Additional copy is enclosed)
- ☐ \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

January 17, 2014

KELSEE GOMES
ORLANDO DIETETIC ASSOCIATION, INC.
P.O. BOX 561658
ORLANDO, FL 32856

SUBJECT: ORLANDO DIETETIC ASSOCIATION, INC.
Ref. Number: N45771

We have received your document for ORLANDO DIETETIC ASSOCIATION, 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):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

Irene Albritton
Regulatory Specialist II Letter Number: 814A00001239

www.sunbiz.org
Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

RECEIVED

14 FEB -4 PM 12:19

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Orlando Dietetic Association, Inc.

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

N45771

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
14 FEB -4 4:10 PM
TALLAHASSEE, FL

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:

Orlando Academy of Nutrition and Dietetics, Inc. 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)

Florida Academy of Nutrition + Dietetics
1839 B Buford Court
Tallahassee, FL 32308

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Florida Academy of Nutrition + Dietetics
c/o Christine Stapell, PO Box 12608
Tallahassee, FL 32317-2608

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 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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-------------------|-----------------------|---|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>T</u> | <u>Mania Ali</u> | <u>390 Woodside Dr # 207</u>
<u>Altamonte Springs, FL 32711</u> |
| 2) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>Richard Jordan</u> | <u>4150 Eastgate Dr #4405</u>
<u>Orlando FL 32839</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>V</u> | <u>Kristina LaRue</u> | <u>1224 Norwood Place</u>
<u>Orlando FL 32804</u> |
| 4) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>Kelsee Gomes</u> | <u>2710 NW 104th Ct. Unit D</u>
<u>Gainesville FL 32606</u> |
| 5) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>D</u> | <u>Kelly Urbanik</u> | <u>266 Torpoint Gate</u>
<u>Longwood FL 32779</u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u> </u> | <u> </u> | <u> </u> |

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 1/29/14, if other than the date this document was signed.

Effective date if applicable: 1/29/14
(no more than 90 days after amendment file date)

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 1/29/14
Signature Keese Gomes
(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)

Keese Gomes
(Typed or printed name of person signing)
president of the Onando Dietetic Association
(Title of person signing)