# 196000005110

(Re	questor's Name)	·
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Amend + MC

1Brown: 146-11

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION: The Give It Ba	ck Foundation Inc	
DOCUMENT NU	MBER: N96000005110		
The enclosed <i>Artic</i>	les of Amendment and fee are	submitted for filing.	
Please return all co	rrespondence concerning this r	natter to the following:	
Erio	ca Simpson		
	(Name	e of Contact Person)	
Giv	ve It back Foundation Inc		
	(F	irm/ Company)	
401	1 EAST LAS OLAS BLVD, S	UITE 135-545	
	· · · · · · · · · · · · · · · · · · ·	(Address)	<del> </del>
FT	. LAUDERDALE FL 33301		
	(City/	State and Zip Code)	
	impson2004@yahoo.com		
<u>3</u>		used for future annual report notif	ication)
For further informa	tion concerning this matter, ple	ease call:	
Erica Simpson		at (786 ) 426-13	.00
<del></del>	ne of Contact Person)		rtime Telephone Number)
Enclosed is a check	for the following amount mad	le payable to the Florida Departm	ent of State:
☑\$35 Filing Fee	□\$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)
	iling Address	Street Address	
	endment Section	Amendment Section Division of Corpora	
	D. Box 6327	Clifton Building	
	lahassee, FL 32314	2661 Executive Cer	nter Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

2011	****	LE	
TALLAHA f State)	YOY 14	AH 9	<b>"</b> 33
f Sta <u>te</u> )	····SEE,	FLORIC	Č A

#### GIVE IT BACK FOUNDATION INC.

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

N96000005110

(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:

	acorporated" or the
<u>licable:</u> T ADDRESS )	
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	
·	
egistered office address in Florida, e	nter the name of the
tered office address:	
·	
(Florida street address)	
	, Florida
	(Zip Code)
(City)	
(City) g Registered Agent:	•
	egistered office address in Florida, etered office address:

## If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	Name		Address	
1) <u>VP,S,T</u>	Erica Simpson	401	East Las Olas Blvd	
<del> </del>			135-545	
	,	Ft. Lau	uderdale, FL 33301	
2)				
ź <u> </u>				
•			,	<del></del>
3)				
/ <u></u>				
4)				
			•	
5)				
· <del>.</del>				
-				
6)				
				<del></del>
				<del></del>
If REMOVING removed:	an officer and/or director, p	please list the title(s) a	and name of the office	r/director to be
Title(s)	<u>Name</u>	Title(s)	<u>Name</u>	-
1)		4)		
2)		5)		
3)		6)		

E. If amending or adding additional Artical (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
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1	. ,
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	<u> </u>

The date of each amendmen	t(s) adoption: 11/09/2011
	(date of adoption-required)
Effective date if applicable:	11/09/2011
<del></del>	(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) proval.
There are no members or madopted by the board of directions	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
hav	9/2011  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)
	Erica Simpson (Typed or printed name of person signing)
	Vice President
	(Title of person signing)

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