

PO9000053864

(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:

Office Use Only



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 15 PM 1:29

Roberts SEP 16 2003



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2009

JENNIFER L. PINTO  
GUD KARMA, INC.  
2815 SOUTH MIAMI AVE  
MIAMI, FL 33129

SUBJECT: GUD KARMA, INC.  
Ref. Number: P09000053864

We have received your document for GUD KARMA, 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 document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is #H48053 - GOOD KARMA, INC..

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 609A00030051

September 10, 2009

To Whom It May Concern:

I'm writing in follow-up to a conversation that I had with a very helpful associate in the division of corporations office this morning.

My reason for contacting your office was in attempt to remedy an error that I discovered I made while filing a company name amendment form, which was mailed last week.

I made two errors:

- 1) I inadvertently completed the "non-profit" name amendment form rather than the "for profit".
- 2) I stated that I wanted my company name changed from "Gud Karma, Inc. to The Good Karma Corporation.

\*What my new company name should be amended to is "The Good Karma Company" (as now stated in the correct for-profit amendment form included in this mailing).

While speaking with the associate, she confirmed that no changes had been made yet as a result of my sending the amendment form and as a matter of fact that form would be returned to me. She also stated that my check payment for \$35.00 would be cashed BEFORE any other action was taken.

All this said, the associate recommended that I go ahead and write a letter explaining the error that I speak of here and ask that you please apply my earlier \$35 payment (check number 1693) to cover the costs of this proper amendment name change request contained on the form in this packet.

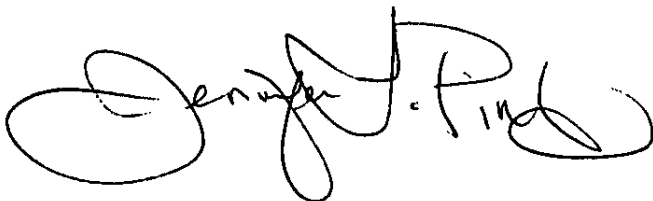
Please contact me at your earliest convenience to inform that this action that I am taking here will be sufficient to remedy this mishap in a timely manner.

Thank you so much in advance for your time and patience.

Kindest Regards,

Jennifer L. Pinto, MSEd

President, The Good Karma Company!



305-224-2499

JPINTO@yahoo.com

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Gud Karma, Inc.

DOCUMENT NUMBER: P09000053864

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

Please return all correspondence concerning this matter to the following:

Jennifer L. Pinto  
Name of Contact Person

Gud Karma, Inc.  
Firm/ Company

2815 South Miami Avenue  
Address

Miami, FLorida 33129  
City/ State and Zip Code

jenniferpinto1@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Pinto at ( 305 ) 224-2499  
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

☐ \$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

*Fee previously paid  
CK # 11693 (see letter)*

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Gud Karma, Inc.

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

09 SEP 15 PM 1:29

P09000053864

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Your Good Karma Company *The new*  
*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the*  
*abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation*  
*name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**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:

New Registered Office Address:

(Florida street address)

(City)

\_\_\_\_\_, Florida  
(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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**

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

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 9/10/2009  
(date of adoption is required)  
Effective date if applicable: Immediate  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9/10/2009

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)

Jennifer L. Pinto

(Typed or printed name of person signing)

President

(Title of person signing)