

FD8000001237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

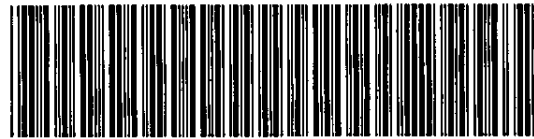
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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200256881422

*Name Change  
Amend*

02/28/14--01024--007 \*\*35.00

FILED  
2014 FEB 28 PM 2:56  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

*DR  
2/3/14*

# **FAIRSHARE**

1543 Wazee Street, Suite 400 • Denver, CO 80202  
www.FairShareOnline.org

February 25, 2014

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

**RE: Fair Share Alliance, Inc. (F08000001237)**

To whom it may concern:

This letter relates to Fair Share Alliance, Inc., a Colorado not for profit corporation. The organization has changed its corporate name to Fair Share, Inc. I have therefore enclosed a signed amendment to its application to conduct affairs in Florida, along with a duly certified copy of its articles of amendment and a check in the amount of \$35, filing fee. Thank you for your assistance.

Very truly yours,



Francesco Forin  
Legal Administrator

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fair Share Alliance, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F08000001237

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Francesco Forin**

Name of Contact Person

**The Public Interest Network**

Firm/Company

**1543 Wazee Street, Suite 400**

Address

**Denver, CO 80202**

City/State and Zip Code

**legal@publicinterestnetwork.org**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Francesco Forin**

Name of Contact Person

at ( **303** ) **573-5995 X311**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 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

**NOT FOR PROFIT CORPORATION  
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE  
AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA**  
(Pursuant to s. 617.1504, F.S.)

FILED  
2014 FEB 28 PM 2:56  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**SECTION I  
(1-3 MUST BE COMPLETED)**

F08000001237

(Document Number of Corporation (If known))

1. Fair Share Alliance, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Colorado 3. 3/20/2008  
(Incorporated under laws of) (Date authorized to conduct affairs in Florida)

**SECTION II**

**(4-8 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 1/24/2014

5. Fair Share, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

\_\_\_\_\_ (New duration) \_\_\_\_\_ (Date)


7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

\_\_\_\_\_ (New jurisdiction) \_\_\_\_\_ (Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.

\_\_\_\_\_  
(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

9. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

  
(Signature of the chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Maureen Kirk  
(Typed or printed name of the person signing)

President  
(Title of person signing)



Colorado Secretary of State  
 Date and Time: 01/24/2014 04:05 PM  
 ID Number: 20071551825  
 Document number: 20141055977  
 Amount Paid: \$25.00

Document must be filed electronically.  
 Paper documents are not accepted.  
 Fees & forms are subject to change.  
 For more information or to print copies  
 of filed documents, visit [www.sos.state.co.us](http://www.sos.state.co.us).

ABOVE SPACE FOR OFFICE USE ONLY

**Articles of Amendment**

filed pursuant to §7-90-301, et seq. and §7-130-105 of the Colorado Revised Statutes (C.R.S.)

- ID number 20071551825
1. Entity name Fair Share Alliance, Inc.  
*(If changing the name of the corporation, indicate name before the name change)*
2. New Entity name (if applicable) Fair Share, Inc.
3. *(If the following statement applies, adopt the statement by marking the box and include an attachment.)*  
 Other amendments are attached.
4. If the nonprofit corporation's period of duration as amended is less than perpetual, state the date on which the period of duration expires \_\_\_\_\_  
*(mm/dd/yyyy)*
- or
- If the nonprofit corporation's period of duration as amended is perpetual, mark this box
5. *(Optional)* Delayed effective date \_\_\_\_\_  
*(mm/dd/yyyy)*
6. Additional information may be included pursuant to other organic statutes such as title 12, C.R.S. If applicable, mark this box  and include an attachment stating the additional information.

**Notice:**

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing
- Forin \_\_\_\_\_ Francesco \_\_\_\_\_  
*(Last) (First) (Middle) (Suffix)*
- 1543 Wazee Street  
*(Street name and number or Post Office Box information)*
- Suite 400

Denver CO 80202  
(City) (State) (Postal/Zip Code)  
United States  
(Province - if applicable) (Country - if not US)

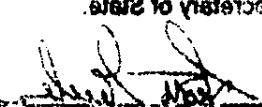
(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box  and include an attachment stating the name and address of such individuals.)

**Disclaimer:**

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.

STATE OF COLORADO  
DEPARTMENT OF STATE

I hereby certify that this is a true copy of  
Document No. \_\_\_\_\_  
consisting of \_\_\_\_\_ pages filed by the  
Colorado Secretary of State in the records  
of the Secretary of State.

  
Secretary of State

By \_\_\_\_\_  
Date \_\_\_\_\_

