

NOB00000157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

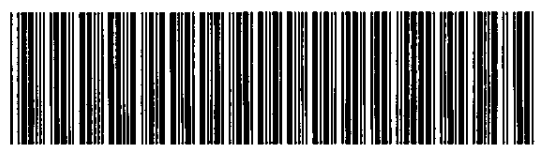
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 NOV -3 AM 11:38
TALLAHASSEE, FLORIDA

Ne Arnel

NOV 04 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2014

JOSEPH HABER
2096 ALAMANDA DR
N MIAMI, FL 33181

SUBJECT: HABER DIABETIC FOUNDATION INC.
Ref. Number: N06000007157

See Attached

We have received your document for HABER DIABETIC FOUNDATION 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. This word 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.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 114A00022342

RECEIVED
14 NOV -3
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HABER DIABETIC FOUNDATION INC

DOCUMENT NUMBER: N06000007157

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

Please return all correspondence concerning this matter to the following:

JOSEPH HABER

(Name of Contact Person)

LEAGUE OF GIVING FOUNDATION

(Firm/ Company)

2096 ALAMANDA DR

(Address)

NORTH MIAMI, FL 33181

(City/ State and Zip Code)

JOEHABER100@GMAIL.COM

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

For further information concerning this matter, please call:

JOSEPH HABER

(Name of Contact Person)

at (305) 978-9513

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

COVER LETTER

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Division of Corporations

NAME OF CORPORATION: HABER DIABETIC FOUNDATION INC

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(Address)

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- \$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

Articles of Amendment
to
Articles of Incorporation
of

FILED

74 NOV -3 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HABER DIABETIC FOUNDATION INC

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

N06000007157

(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:

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

LEAGUE OF GIVING FOUNDATION 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.

NO CHANGE

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NO CHANGE

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:

NO CHANGE

(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.

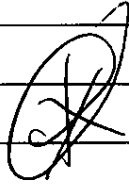
Example:

<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>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>DS</u>	<u>DR. ANTHONY LULO, M.D.</u>	<u>2096 ALAMANDA DR</u>
<input checked="" type="checkbox"/> Add			<u>NORTH MIAMI, FL 33181</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<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)

***** SEE ATTACHED BY-LAWS AMENDMENT *****



See Attached
Pages

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

Effective date if applicable: OCTOBER 7, 2014
(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 OCTOBER 7, 2014

Signature _____

(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)

JOSEPH HABER

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)

**AMENDMENT TO HABER DIABETIC FOUNDATION INC
FLORIDA NON-PROFIT CORPORATION
FEIN # N06000007157 | DOCUMENT # N06000007157**

OCTOBER 7TH, 2014

SUBMITTED FILING FOR NAME CHANGE TO:
LEAGUE OF GIVING FOUNDATION INC

SAME ADDRESS AND CONTACT INFORMATION:

2096 ALAMANDA DRIVE, NORTH MIAMI, FL 33181

WWW.LEAGUEOFGIVING.ORG | PH: 305-978-9513 | JOEHABER100@GMAIL.COM

ATTENTION: JOSEPH HABER, PRESIDENT/DIRECTOR

ADD DIRECTOR/SECRETARY: DR. ANTHONY LULO, M.D., 2096 ALAMANDA DR, NORTH MIAMI, FL 33181

CHANGE IN BYLAWS

Mission Statement

Our mission is to raise funds in order to provide assistance for people in need and educate the community about the importance of ongoing support.

The focuses of The League of Giving Foundation are to provide assistance to the community at large, including but not limited to families with juvenile diabetes, eliminating hunger, grants and support for veterans, providing opportunities and education for at-risk youth, supporting students, schools and PTSA's, and local and international emergency disaster relief.

MEETING OF BOARD OF DIRECTORS IN ATTENDANCE

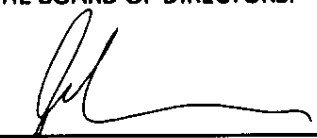
JOSEPH HABER

MAXINE HABER

DR. ANTHONY LULO, M.D.

ALL ABOVE ITEMS HAVE BEEN AGREED BY THE BOARD OF DIRECTORS.

JOSEPH HABER / PRES. DIRECTOR
NAME/TITLE


SIGN

OCTOBER 7, 2014
DATE