

N/0000007371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

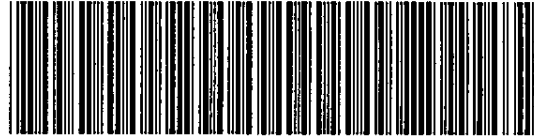
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900278296559

10/21/15--01004--019 **35.00

2015 NOV 16 PM 12:02
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

NOV 17 2014
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2015

MARIA SIADIE HADDAD
2684 OAKBROOK DR
WESTON, FL 33332

SUBJECT: WOMEN IN AVIATION FORT LAUDERDALE CHAPTER
INCORPORATED
Ref. Number: N10000007371

We have received your document for WOMEN IN AVIATION FORT LAUDERDALE CHAPTER INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU MUST SIGN THE FORM

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.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 815A00023540



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2015

MARIA ZIADIE HADDAD
2684 OAKBROOK DR
WESTON, FL 33332

SUBJECT: WOMEN IN AVIATION FORT LAUDERDALE CHAPTER
INCORPORATED
Ref. Number: N10000007371

We have received your document for WOMEN IN AVIATION FORT LAUDERDALE CHAPTER INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE PAGE 4 OF 4.

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.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 715A00022292

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Women in Aviation Fort Lauderdale Chapter

DOCUMENT NUMBER: N10000007371

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

Please return all correspondence concerning this matter to the following:

MARIA ZIADIE - HADDAD
(Name of Contact Person)

Women in Aviation International Fil Chapter INC
(Firm/ Company)

c/o 2684 OAKBROOK DR
(Address)

WESTON, FL 33332
(City/ State and Zip Code)

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

For further information concerning this matter, please call: MARIA Z. Haddad 954.536.3286

Jessianna Holt at 248 920 4355
(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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2016 NOV 16 PM 12:02

FILED

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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Jessianna Bartier</u>	<u>1705 S.W. 14th Ct.</u> <u>Fort Lauderdale, FL 33312</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>MARIA Ziad Haddad</u>	<u>2684 OAKBROOK DR</u> <u>WESTMI</u> <u>FL 33332</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>C. SCOTT Bishop</u>	<u>P.O. BOX 6679942</u> <u>Miami, FL 33166-9402</u>
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	_____	_____	_____

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 NOVEMBER 12th 2015

Signature Maria Ziadie Haddad

(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)

MARIA ZIADIE-HADDAD
(Typed or printed name of person signing)

SECRETARY.
(Title of person signing)