

NO6000009381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

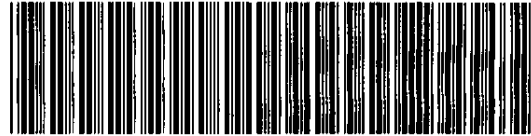
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000185461680

09/20/10--01037--003 **43.75

FILED
10 SEP 20 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
xerox
note/6

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE JWK MENTORING FOUNDATION, INC.

DOCUMENT NUMBER: FEID NUMBER: 42-1713041

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

Please return all correspondence concerning this matter to the following:

DETRA SHAW-WILDER, ESQ.
(Name of Contact Person)

KOZYAK TROPIN & THROCKMORTON, P.A.
(Firm/ Company)

2525 PONCE DE LEON BLVD., 9TH FLOOR
(Address)

CORAL GABLES, FLORIDA 33134
(City/ State and Zip Code)

For further information concerning this matter, please call:

DETRA SHAW-WILDER, ESQ. at (305) 372-1800
(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

American LegalNet, Inc.
www.FormsWorkflow.com

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>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 9-9-10

Effective date if applicable: _____
(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 9/9/10

Signature [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)

DETRA SHAW-WILDER, ESQ.
(Typed or printed name of person signing)

VICE PRESIDENT AND SECRETARY
(Title of person signing)