11600000351

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SECRETARY OF STATE

JAN 2 6 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

AWOM, INC. NAME OF CORPORATION:	
N16000000351	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CHRISTOPHER A. DISCHINO	
(Name of Contact Person)	
DISCHINO & SCHAMY, PLLC	
(Firm/ Company)	
4770 BISCAYNE BOULEVARD, SUITE 1280	
(Address)	
MIAMI, FLORIDA 33137	
(City/ State and Zip Code)	
CHRISTOPHER@DISCHINO.CO	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CHRISTOPHER DISCHINO 786 581-2542	
(Name of Contact Person) (Area Code) (Daytime Telephone N	umber)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) 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

AWOM, INC.					
(Name of Corporation	n as currer	itly filed with the Florida Dept.	of State)		
N16000000351					
(Docu	ıment Numb	per of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Flamendment(s) to its Articles of Incorporation:	orida Statute	es, this <i>Florida Not For Profit Co</i>	prporation adopts	the follow	wing
A. If amending name, enter the new name of the	ie corporat	<u>ion:</u>			
ANGEL WATCHING OVER ME, INC.				The	new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nan		tion" or "incorporated" or the a	bbreviation "Corp		
 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) 		ANGEL WATCHING OVER N	IE, INC.		
		3 N FEDERAL HIGHWAY			
		DANIA BEACH, FLORIDA 33	004		
		ANGEL WATCHING OVER M	1E, INC.	Z cy	2910
		3 N FEDERAL HIGHWAY			JA
		DANIA BEACH, FLORIDA 33	3004	SSE	22
D. If amending the registered agent and/or regi			name of the	07 S	PH
new registered agent and/or the new register				E E	քը ։ դ
Name of New Registered Agent:	SARAH A	AKIBA		7	<u>+</u>
	3 N FEDERAL HIGHWAY				
New Registered Office Address: DANIA		(Florida street a	(dress)		_
		FACU	33004	1	
			, Florida	<u></u>	
		(City)	(Zip Code)		
New Registered Agent's Signature, if changing learning hereby accept the appointment as registered agent			ions of the position	1.	
-	,Si	gnature 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change Add Remove				
2) Change			 .	
Remove 3) Change Add				
Remove 4) Change Add				
Remove 5) Change				
Add Remove 6) Change		.	· -	
Add Remove			-	

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	

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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment was/were sufficient for approval.	ment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/adopted by the board of directors.	were
Dated 01/18/2016	
Signature	
(By the chairman or vice chairman of the board, president or other officer-if direction have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)	
SARAH AKIBA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	