

N/05000006889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

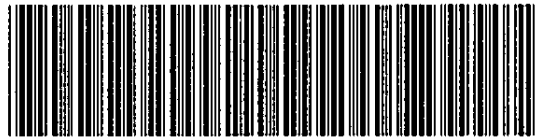
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

09 AUG -4 AM 8:14

FILED

Name Chg Amend
Jm 8/4/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Some of My Best Friends Women's Resource Center 

DOCUMENT NUMBER: N05000006889

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

Please return all correspondence concerning this matter to the following:

Susan Stallard

(Name of Contact Person)

Some of My Best Friend Women's Resource Center of Tampa Bay 

(Firm/ Company)

4114 Tonga Lane Suite 3B

(Address)

New Port Richey, FL 34668

(City/ State and Zip Code)

susan@wrctbtoday.org

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

For further information concerning this matter, please call:

Susan Stallard

(Name of Contact Person)

at (727) 326-5320

(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

Some of My Best Friends ^{or} ^{Source} ~~Friend~~ Women's Resource Center of Tampa Bay, INC.

(Document Number of Corporation (if known))

Page 1 of 3

(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

[illegible]

The date of each amendment(s) adoption: 06/19/2009
(date of adoption is required)

Effective date if applicable: 07/20/2009
(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 07/20/2009

Signature Susan Stallard
(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)

Susan Stallard
(Typed or printed name of person signing)

Owner/Administrator
(Title of person signing)