

N05000012028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

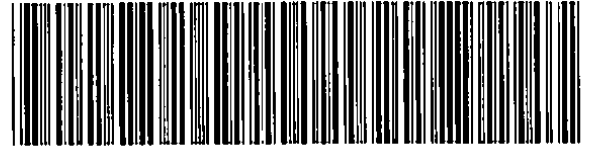
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received ~~Corrected~~ Amendment
Form from Dr. Alexander on
7/17/2019 by email.

Office Use Only



400330852974[✓]

06/24/19--01031--015 **35.00

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2019 JUL 17 PM 2:44
SECRETARY OF STATE
OF FLORIDA

Amend
etc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 3, 2019

DR. FLORENCE ALEXANDER
ORLANDO INTERNATIONAL FIL FESTIVAL
812 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779

SUBJECT: WOMEN'S EMPOWERMENT FOUNDATION, INC.
Ref. Number: N05000012028

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT YOU HAVE SUBMITTED IS SPECIFICALLY USED FOR FLORIDA PROFIT BENEFIT CORPORATIONS OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS ONLY.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 219A00013543

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Women's Empowerment Foundation, Inc.

DOCUMENT NUMBER: N05000012028

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

Please return all correspondence concerning this matter to the following:

Dr. Florence Alexander

(Name of Contact Person)

Women's Empowerment Foundation, Inc.

(Firm/ Company)

812 Sweetwater Club Blvd.

(Address)

Longwood, FL 32770

(City/ State and Zip Code)

beforeseima@gmail.co.

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

For further information concerning this matter, please call:

Dr. Florence Alexander

407

682-6744

at

(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

Articles of Amendment
to
Articles of Incorporation
of

Women's Empowerment Foundation, Inc.

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

N05000012028

(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:

Orlando International Film Festival, 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.

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)

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:

(Florida street address)

New Registered Office Address:

(City) Florida (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

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FLORIDA

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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 checked="" type="checkbox"/> Change	<u>Pres.</u>	<u>Dr. Florence Alexander</u>	<u>812 Sweetwater Club Blvd</u>
<input type="checkbox"/> Add			<u>Longwood, FL 32779</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>Pres</u>	<u>Dr. Stanley Alexander</u>	<u>812 Sweetwater Club Blvd</u>
<input type="checkbox"/> Add			<u>Longwood, FL 32779</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VPres.</u>	<u>Marianne Eggleston</u>	<u>812 Sweetwater Club Blvd</u>
<input checked="" type="checkbox"/> Add			<u>Longwood, FL 32779</u>
<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			

[illegible]

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 6/19/19 _____

Signature Dr. Florence Alexander
(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)

Dr. Florence Alexander

(Typed or printed name of person signing)

President

(Title of person signing)