N070000 8518

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COVER LETTER

TO: Amendment Section Division of Corporations

WOMEN & WISHES NAME OF CORPORATION:	INC.			
N0700008518				
DOCUMENT NUMBER:				 _
The enclosed Articles of Amendment and fee are subm	itted for filing.			
Please return all correspondence concerning this matter	to the following:			
MICHELLE CUMMINS				
(Name of Contact Person	n)		
BOOKKEEPING & MORE				
	(Firm/ Company)			
PO BOX 101362				
	(Address)			
FORT LAUDERDALE, FL 33310-1362				
(City/ State and Zip Cod	e)	•	
BOOKKEEPING92@GMAIL.COM				
E-mail address: (to be used	for future annual report	notification	n)	
For further information concerning this matter, please of	all:			
MICHELLE CUMMINS	95 at	54	6503969	
(Name of Contact Person)		rea Code)	(Daytime Telephone Num	nber)
Enclosed is a check for the following amount made pay	rable to the Florida Dep	artment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif (Addi	0 Filing Fee ficate of Status fied Copy stional Copy is osed)	
Mailing Address Amendment Section		Address dment Sect	ion	
ACOCOCOCOCO NECLOS	Autor		1014	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WOMEN & WISHES INC.

FILED

2018 NOV 26 PM 4: 59

(Name of Corporation as	currently filed with the Florid	da Dept. of State)
\$07000008518		his-AllA:
(Documen	t Number of Corporation (if kno	own)
rsuant to the provisions of section 617.1006, Florida endment(s) to its Articles of Incorporation:	a Statutes, this Florida Not For	Profit Corporation adopts the followin
If amending name, enter the new name of the co	rporation:	
		The nev
me must be distinguishable and contain the word "company" or "Co." may not be used in the name.	corporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable		
incipal office address <u>MUST BE A STREET ADD</u>	ORESS)	
	 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	Y)	
(maining data ess <u>main be an rost of the abo</u>		
		 .
If amending the registered agent and/or register	ed office address in Florida, e	nter the name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	(Flor	nda street address)
New Registered Office Hauress.		
	(City)	, Florida (Zip Code)
	(City)	(zip Code)
v Registered Agent's Signature, if changing Regi reby accept the appointment as registered agent.		ne obligations of the position.
	Signature of New Register	red 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: XChange X Remove X Add	<u>V</u> <u>Mil</u>	n <u>Doc</u> ke Jones ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) Change	p	ELAINE SIMMONS	130 S CYPRESS RD #627
X Add			POMPANO BEACH, FL 33060
Remove			
2) Change	Т	MICHELLE CUMMINS	PO BOX 101362
X Add			FORT LAUDERDALE, FL
Remove			33310-1362
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
/ Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
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The	e date of each amendment(s) adoption:	if other than the
date	e this document was signed.	
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
<u>Not</u> doc	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records.	not be listed as the
Add	option 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 10.22.2018	
	Signature 17 Vichelle Hummins	
	(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)	
	MICHELLE CUMMINS	
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	