N07000012094

(Requestor's Name) (Address)	80015833900		
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL	09/24/0901030012 **		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	OSEP ZH MASSEE, F		
Special Instructions to Filing Officer:	STATE		

Office Use Only

Amend Thewis 9-25-09



September 11, 2009

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom it may concern,

This request is regards to Women at the Wail, Inc. Document #N07000012094. Enclosed are the changes to the Articles of Amendment and a check in the amount of \$43.75. We are amending names and titles of officers as it appear on the enclosed forms. We also are providing a correction in our mailing address/P.O. Box. Please note that the city is (Hialeah) and not (Miami Gardens) as shown on previous documents. If any questions regarding this matter please call our new business office number at (786) 267-6700.

Sincerely,

Michelliah Davis,

President

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Wome	en at the	Wail,	Inc.	
DOCUMENT NUMBI	ER: N070	0000120	94		
The enclosed Articles o	f Amendment and fee are su	abmitted for	filing.		
Please return all corresp	oondence concerning this ma	atter to the fo	ollowing:		
		helliah Da			
	(Name o	of Contact P	erson)		
	Women	at the Wa	ail, Inc.		
	(Fir	m/ Compan	y)		
	P.O. Box 170504				
(Address)					
	Hialeah, F	Florida 330	17-050	4	
	(City/ St	tate and Zip	Code)		
	womena E-mail address: (to be us	atthewail@ sed for futur		report notificat	ion)
For further information	concerning this matter, plea	ase call:			
Miche	elliah Davis	at (786	267-6700)
(Name o	f Contact Person)		(Area C	Code & Daytim	e Telephone Number)
Enclosed is a check for	the following amount made	payable to	the Florid	la Department	of State:
☐\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filin ied Copy tional cop sed)	_	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	g Address ment Section			Address ment Section	·
	n of Corporations			n of Corporation	ıs.
P.O. Bo	ox 6327		Clifton	Building	
Tallaha	ssee, FL 32314		2661 E	xecutive Center	Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 09 SEP 24 AM 10: 50

Women at the Wail, Inc.	CELLAL PARY DE CENTA
(Name of Corporation as currently filed with the Florida Dept. of State)	FALL AHASSEE. FLORIDA
N07000012094	
(Document Number of Corporation (if known)	

(Document Number of Corpora) Pursuant to the provisions of section 617.1006, Florida Statute	,	Profit Corporation adopts
the following amendment(s) to its Articles of Incorporation:	,	z roju dorporanom acopio
A. If amending name, enter the new name of the corporation	on:	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may ne		acorporated" or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable:	P.O. Box 170504	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
	Hialeah, Florida 3	3017-0504
,		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		enter the name of the
Name of New Registered Agent:		
New Registered Office Address: (Flo	rida street address)	· ·
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I an position.		cept the obligations of the
Signature of No.	w Pagistared Agent if a	hanaina

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>	Address	Type of Action
Directo	Camille Springer-McDonald	P.O. Box 170504 Miami Gardens Florida 33017-0504	☐ Add ☑ Remove
Board	Shannon St Clair	P.O. Box 2114 North Flamingo Road #185 Pembroke Pines, Florida 33028	☐ Add ☐ Remove
Direct	Denise Furs	3321 N. W. 208 Terrace Miami Gardens, Florida 33056	☐ Add ☐ Remove
(attach ada Also Remo	ng or adding additional Articles, enter litional sheets, if necessary). (Be speci ve the following: almers (Secretary) P.O. Box 31-0	ific)	
Add the foll	owing:		
Marquitta D	Davis (Director) 2800 S.W. Willisto	n Road, Gainesville, Florida 32	2608 Apt#811
Beverly Wa	illace (Director & Treasurer) 3215	S.W. 52nd Avenue, Hollywood	l, Florida
33023 Apt.	#60		
Change the	e following:		
Linda Pittm	an P.O. Box 551843 Miami, Florid	da 33055 from Director to Secr	etary
	And the state of t		
		·	
			.
	,		

The date of each amendment((s) adoption:09-11-09
	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or n adopted by the board of directions.	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
Dated	09-11-09
Signature	Alliabellah & Dalla
	the chairman or vice chairman of the board, president or other officer-if director
	e not been selected, by an incorporator – if in the hands of a receiver, trustee, of
othe	er court appointed fiduciary by that fiduciary)
	Michelliah Davis
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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