

N08000003687

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12 APR 20 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 23 2012

T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2012

DR. LUZ VAN MEEK  
EAST FLORIDA CHAPTER OF UNIFEM  
P O BOX 22477  
WEST PALM BEACH, FL 33416

SUBJECT: EAST FLORIDA CHAPTER OF UNIFEM/USA INC.  
Ref. Number: N08000003687

We have received your document for EAST FLORIDA CHAPTER OF UNIFEM/USA INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Tina Roberts  
Regulatory Specialist II

Letter Number: 412A00011050

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12 APR 20 AM 10:01  
DIVISION OF CORPORATIONS, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** EAST FLORIDA CHAPTER OF UNIFEM/USA INC.

**DOCUMENT NUMBER:** N08000003687

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

Please return all correspondence concerning this matter to the following:

Dr. Luz Van Meek  
(Name of Contact Person)

EAST FLORIDA CHAPTER OF UNIFEM/USA INC.  
(Firm/ Company)

P.O. Box 22477  
(Address)

West Palm Beach, FL 33416  
(City/ State and Zip Code)

lgvanmeek@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Luz Van Meek at ( 561 ) 685-1308  
(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:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

EAST FLORIDA CHAPTER OF UNIFEM/USA INC.

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

N08000003687

(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:**

East Florida Chapter of the US National Committee for UN Women, 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)

8149 "D" BRIDGEWATER CT

West Palm Beach, FL 33406

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

P. O. BOX 22477

West Palm Beach, FL 33416

**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:

N/A

N/A

New Registered Office Address:

(Florida street address)

N/A

(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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12 APR 20 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

N/A

Blank lined paper for writing.

The date of each amendment(s) adoption: 01/17/2012

*(date of adoption is required)*

Effective date if applicable: 01/17/2012

*(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 01/17/2012

Signature

Luz Van Meek

(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. Luz Van Meek

(Typed or printed name of person signing)

Board President

(Title of person signing)