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. (Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	∋ #)
PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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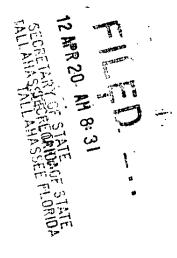




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APR 2'3 2012 T. ROBERTS



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

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EAST FLORIS	DA CHAPTER OF UNII	FEM/USA INC.
DOCUMENT NUM	BER: <u>N08000003687</u>		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
		uz Van Meek	
	(Name of	f Contact Person)	
	EAST FLORIDA CHA	PTER OF UNIFEM/USA IN	IC.
	(Firm	n/ Company)	
	P.O.	Box 22477	
- \\	(Address)	***************************************
	West Palm	Beach, FL 33416	
Ad-PRESIDENCE	(City/ Sta	te and Zip Code)	
		ek@yahoo.com ed for future annual report notific	cation)
For further information	on concerning this matter, pleas	e call:	
Dr. Luz Van Meei	«	at (561) 685-13	08
(Name	of Contact Person)		ime Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	nt of State:
□\$35 Filing Fee	\$\square\$ \$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)
	ng Address	Street Address	
	idment Section ion of Corporations	Amendment Section Division of Corporati	ions
P.O. Box 6327		Clifton Building	WIII
Tallahassee, FL 32314		2661 Executive Cent	er Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



east Florida Chapter of Unifem/USA INC. TALLAHASSEE FLORIDA The Glod with the Florida Dept. of State)

(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:

Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(SS) West Palm Beac	
Enter new mailing address, if applicable:	West Palm Beac	h, FL 33406
imanny adaress mai be a publicerie e bijki	P. O.BOX 22477	
with the state of	West Palm Beach	n, FL 33416
If amending the registered agent and/or registered new registered agent and/or the new registered office		enter the name of the
Name of New Registered Agent:	N/A	
	N/A	
New Registered Office Address:	(Florida street address)	
	N/A	, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Registe ereby accept the appointment as registered agent.	(City) red Agent:	(Zip Code)
		cept the

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) **Title** <u>Name</u> <u>Address</u> **Type of Action** N/A ☐ Add ☐ Remove N/A ☐ Add ☐ Remove N/A ☐ Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) N/A

The date of each amendmen	t(s) adoption: _01	1/17/2012
, Effective date <u>if applicable</u> :	0.4.1477/0.0.4.0	(date of adoption is required)
	(no mor	re than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	(ECK ONE)
The amendment(s) was/we was/were sufficient for app		members and the number of votes cast for the amendment(s)
There are no members or adopted by the board of di		to vote on the amendment(s). The amendment(s) was/were
		:
Dated 01/1	7/2012	
Signature	Durk nu	an meeb
hav	e not been selecte	vice chairman of the board, president or other officer-if director ed, by an incorporator – if in the hands of a receiver, trustee, of a fiduciary by that fiduciary)
		Dr. Luz Van Meek
	(Тур	ped or printed name of person signing)
		j
		Board President
		(Title of person signing)

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