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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Women 0	/						
DOCUMENT NUMBER: 9000000	ND 90000 11169						
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Leslie Harris							
(Name of Contact Person)							
Women on the (Firm/Com)	move. Frc.						
8846 Georgetan	n Lane						
Burnten BLAC (City/ State and 2)	H F 33470 Zip Code)						
Burnten BLACH F 3347) (City/ State and Zip Code). LES ILE D MYWMEN on the MVVE. Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Lestie Harris at (Name of Contact Person)	(SUI) 201 - USEO (Area Code & Daytime Telephone Number)						
Enclosed is a check for the following amount made payable to the Florida Department of State:							
Certificate of Status Ce (A er	\$43.75 Filing Fee & Sertified Copy dditional copy, is nclosed).# (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

(Name of Corporation as cu	rrently filed witl	the Flo	rida Dept. of St	tate)
(Document N	lumber of Corpor	ation (if k	(nown)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of	· ·	es, this <i>Fi</i>	lorida Not For I	Profit Corporation adopts
A. If amending name, enter the new name	e of the corporat	ion:		
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company				corporated" or the
B. Enter new principal office address, if a	pplicable:			
(Principal office address <u>MUST BE A STR</u>	<u>EET ADDRESS</u>)) ——	- ₁₁ .	
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF				
				O FEB
				nter the name of the
D. If amending the registered agent and/o new registered agent and/or the new re			<u>ss in Florida, ei</u>	nter the name of the
Name of New Registered Agent:				10A
New Registered Office Address:	(Flo	orida stre	et address)	_
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registe position.		Agent:		
-	Signature of Ne	w Regist	ered Agent, if ch	hanging

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>	Name	<u>Address</u>	Type of Action
<u>VP</u>	Rita Hall	SB46 CUIRTHUMLA Blynton BRACH FI	∠ □ Add □ □ Remove
VP	Alexa Wimes	8846 bevigetown LN Buynton BLACIIFI	Add Remove
	ing or adding additional Articles, ent ditional sheets, if necessary). (Be spe	cific)	_
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The date of each amendment(s) adoption: $\frac{\mathcal{D}}{2}/2/2000$
Effective date if applicable: 02/01/2010 is required)
(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.
Signature (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)
(Typed or printed name of person signing)
President (Title of person signing)

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