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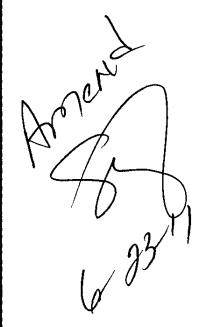
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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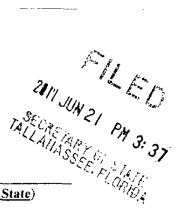


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: W.A.P. ORGA	NIZATION CORPORA	TION
DOCUMENT N	UMBER: N10000003988		
The enclosed Arti	cles of Amendment and fee are sub	omitted for filing.	
Please return all c	orrespondence concerning this mate	ter to the following:	
		R. BORDES	····
	(Name of	Contact Person)	
	(Firm	n/ Company)	
	РОВ	OX 640755	
	(1	Address)	
		II FL, 33161 te and Zip Code)	
	(City/ Star	te and Zip Code)	
		2000@YAHOO.COM d for future annual report notifications	ation)
For further inform	nation concerning this matter, please	e call:	
JEAN ROBER	T BORDES	at (305) 763-512	
(Na	me of Contact Person)	(Area Code & Daytir	ne Telephone Number)
Enclosed is a chec	k for the following amount made p	ayable to the Florida Department	of State:
□\$35 Filing Fee	☐ \$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)
Mailing Address Amendment Section		Street Address Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporatio Clifton Building	ns
	allahassee, FL 32314	2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to **Articles of Incorporation**



W.A.P. ORGANIZATION CORPORATION

(Name of Co	rporation as	currently :	filed with	the Florida	Dent.	of State)

N1000003988	
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 617 1006. Florida Statutes, this Florida Not For Profit Cornection adopts

. If amending name, enter the new name	e of the corporation:	
N//	'A	
he new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company</u>	d contain the word "corporation" of "or "Co." may not be used in the na	r "incorporated" or the time.
3. Enter new principal office address, if a Principal office address MUST BE A STR		1/A
Enter new mailing address, if applical (Mailing address MAY BE A POST OF	ble: FICE BOX	/A
. If amending the registered agent and/o		la, enter the name of the
new registered agent and/or the new re	egistered office address:	
Name of New Registered Agent:	N/A	-
New Registered Office Address:	(Florida street address)	
	<i>IV/H</i>	, Florida, (Zip Code)
	(Cily)	(Zip Code)
ew Registered Agent's Signature, if chan	aging Registered Agent:	
hereby accept the appointment as registe osition.		accept the obligations of
	1 /	
	$\Omega //\Lambda$	•

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 Name <u>Address</u> Type of Action 🗀 Add ☐ Remove Add ☐ Remove □ Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) This organization is organized exclusively for charitable, religious, educational, and scientific purposes, including for such purposes the making of distributions to organization that qualify as an exempt organization under 501(c)(3) of the internal revenue code. or corresponding section of the any future federal tax code. This organization will qualify under 501 (c) (3) to collect funds and engage in some activities with the private businesses. Upon the dissolution of the corporation, assets will be distribute for one or more exempt purposes within the meaning of section 501(c)(3) of the internal revenue code or the corresponding section of the any future federal tax code. The assets will be distribute by the federal government, the state of Florida, or the local government for the public purposes. in any difficulty or conflict, assets will be dispose by any court competent juridiction of the county where the principal office will located, the court will determine for which such of purposes and has a right to make the decision.

The date of each amendment(s	adoption: 06/13/2011
``	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for approx	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were stors.
have	2011 Chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	JEAN R. BORDES (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)