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COVER LETTER

TO: Amendment Section Division of Corporations

The N.O.W. Ma	tters More Foundat	ion, Inc.
N1100000329		
The enclosed Articles of Amendment and fee are subr	nitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Denise F. Solis, Secretary/Treasurer		
	(Name of Contact Person	n)
The N.O.W. Matters More Foundation, Ir	nc.	
	(Firm/ Company)	
5036 Dr. Phillips Blvd., Suite 137		
	(Address)	
Orlando, FL 32819		
	(City/ State and Zip Code	e)
denises@nowmattersmore.o	rg	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Denise F. Solis	321 at (287-9329
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	ertment 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		
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Building vecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

of Incorporation of

The N.O.W. Matters More Found	dation, Inc.		47 95V E 531 + m
(Name of Corporation as currently N11000000329	filed with the Flo	orida Dept. of State)	14 MY -5 PK 1:5 Section - Are ALLAMASSECTIONS
(Docur	nent Number of Co	orporation (if known)	Miller Indulty I LUNU
Pursuant to the provisions of section 617.10 amendment(s) to its Articles of Incorporation		es, this <i>Florida Not For Pr</i>	ofit Corporation adopts the following
A. If amending name, enter the new nam	e of the corporat	ion:	
name must be distinguishable and contain i	•	tion" or "incorporated" o	The new r the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in t B. Enter new principal office address, if		5036 Dr. Phillips Bl	vd.
(Principal office address MUST BE A STI		Suite 137	
		Orlando, FL 32819	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5036 Dr. Phillips Bl	vd.
(770000	Suite 137	
		Orlando, FL 32189)
D. If amending the registered agent and/ new registered agent and/or the new			er the name of the
Name of New Registered Agent:			
	5036 Dr. Philli	ps Blvd., Suite 137	
New Registered Office Address:		(Florida street address)	
	Orlando, FL		32819 , Florida
-	(City)		(Zip Code)
New Registered Agent's Signature, if chall hereby accept the appointment as register			obligations of the position.
	Signature of New	Registered Agent, if chang	ing

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Jared C. Combs	406 Lake Howell Road
Add			Maitland, FL 32751
X Remove			
2) Change	P	Trinity Phillips	5036 Dr. Phillips Blvd.
X Add			Suite 137
Remove			Orlando, FL 32819
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

utach additional sheets, if necessa	l Articles, enter change(s) here: ary). (Be specific)
	ΙΛ
	——————————————————————————————————————
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Th	e date of each amendment	May 2, 2014	, if other than the
	e this document was signed	•	, ii ottiei tilali tile
	May 2, 2014 Effective date if applicable:		
	<u> </u>	(no more than 90 days after amendment file date)	
Ad	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	May Dated	2, 2104	
	Signature	Denise T. Sals	
	have r	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Denise F	Solis	
		(Typed or printed name of person signing)	
	Secretary	y - Treasurer	
		(Title of person signing)	