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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Women of Dest	iny Plus Community Development, Corp.
DOCUMENT NUMBER: N12000006002	
The enclosed Articles of Amendment and fee are subr	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
W	ardine Watkins
	(Name of Contact Person)
Women of Desti	ny Plus Community Development, Corp.
	(Firm/ Company)
	827 NW 62nd Street
	(Address)
Miai	mi, Florida 33150
	(City/ State and Zip Code)
womenof	destinyplus7@gmail.com
	for future annual report notification)
For further information concerning this matter, please	call:
Wardine Watkins	at (786) 256-9929 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:
\$35 Filing Fee	Certified Copy (Additional copy is enclosed) Catified Copy (Additional copy is Enclosed) Catified Copy (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 currently filed with the Flor	ommunity Development, Corp.
N12000006002	
(Document Number of Cor	·
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	,
A. If amending name, enter the new name of the corporation	<u>л:</u>
	The ne
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:	7790 NW 7th Avenue
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami, Florida
	33150
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address:	Florida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
Signature of New R	Registered Agent, if changing

Page 1 of 4

15 JUN - 1 AH 7: 15

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	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address .
1) Change Add Remove		<u> </u>	
2) Change Add		-	
Remove 3) Change Add	***************************************	-	
Remove 4) Change X Add			
Remove 5) Change Add	······································	-	
Remove 6) Change Add	***************************************	<u>.</u>	
Remove			

E.	If amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)				
	(attach additional sheets, if necessary).	(Be specific)			
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	e date of each amendment(s) adoption: _ e this document was signed.	05/28/2015	if other than the
Effe	ective date <u>if applicable</u> :		
		o more than 90 days after amendment file date)	
Ado	option of Amendment(s)	CHECK ONE)	
X	The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes east for the amendment(s)	
	There are no members or members entitle adopted by the board of directors.	led to vote on the amendment(s). The amendment(s) was/were	
	Dated 05/28/2015		
	Signature &		
	have not been selecte	ice chairman of the board, president or other officer-if directors ed, by an incorporator — if in the hands of a receiver, trustee, or if fiduciary by that fiduciary)	
	W	ardine Watkins	
	(Typed c	or printed name of person signing)	•
	E	Executive Director	
		(Title of person signing)	