## N12000010634

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Division of Corporations			
NAME OF CORPORATION: Voices 1	or W.O.E., In	С.	
DOCUMENT NUMBER: N1200001	0634		
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
Seveny Mae State			
	(Name of Contact Person	)	
Voices for W.O.E., Inc.			
	(Firm/ Company)		
2482 Anniston Road			
	(Address)		
Jacksonville, FL 32246	6		
	(City/ State and Zip Code	(1)	
nonprofitsev@g	mail.com		
	ised for future annual report n	otification)	
For further information concerning this matter, ple	ase call:		
Seveny Mae State	,904	392-9380	
(Name of Contact Person)	· •	de & Daytime Telephone Number)	
Enclosed is a check for the following amount made	e payable to the Florida Depa	rtment of State:	
■ \$35 Filing Fee	a & □\$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		Division of Corporations	
P.O. Box 6327 Tallahasse <b>e</b> , FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
,	Tallaha		

## Articles of Amendment to Articles of Incorporation of

## Voices for W.O.E., Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N12000010634 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: ÷ (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	∀P	DARNELLE L. MASON	4168 ASHMERE CIRCLE
X Add			DUMPHRIES, VA 22025
Remove			
2) Change	CEO	MARIA ELIZABETH REED	8700 SOUTHSIDE BLVD.
X			APT. 1106
Remove			JACKSONVILLE, FL 32256
3) Change	CFO	GHEORGHE STATE	2482 ANNISTON ROAD
X			JACKSONVILLE, FL 32246
Remove			
4) Change	D	MONICA MORALES RUBIO	12250 ATLANTIC BLVD
X Add	<del></del>		APT. 2107
Remove			JACKSONVILLE, FL 32225
5) Change	D	ROSA RAMIREZ	564 STAFFORDSHIRE DRIVE
X Add			JACKSONVILLE, FL 32225
Remove			
6) Change			
Add			
Remove			
Kelilove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Said organization is organized exclusively for charitable, religious, educational, and
scientific purposes, including, for such purposes, the making of distributions
to organizations that qualify as exempt organizations under section 501 (c) (3)
of the Internal Revenue Code, or corresponding section of the Internal Revenue
code, or corresponding section of the Internal Revenue Code, or corresponding section
of any future federal tax code.
Upon the dissolution of the organization, assets shall be distributed for one or more
exempt purposes within the meaning of section 501(c) (3) of the
Internal Revenue Code, or corresponding section of any future federal tax code, or
shall be distributed to the federal government, or to a state or local government
for a public purpose. Any such assets not disposed of shall be disposed of by a court of competent
jurisdiction in the county in which the principal office of the organization is then located,
exclusively for such purposes or to such organization or organizations, as said Court
shall determine, which are organized and operated exclusively for such purposes.

The date of each amendment(s) adoption: 02/14/2014 if other than the date this document was signed. 02/14/2014 Effective date if applicable: (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. Dated 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) Seveny Mae State (Typed or printed name of person signing) President (Title of person signing)