N12000011609

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COVER LETTER

TO: Amendment Section **Division of Corporations**

Northeast Florida Women Veteran, Inc. NAME OF CORPORATION:		
N12000011609 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Deloris M. Quaranta		
(Name of Contact Po	erson)	
Northeast Florida Women Veterans, Inc.		
(Firm/ Company	y)	
103 Century 21 Drive, Suite 201		
(Address)		
Jacksonville, FL 32216		
(City/ State and Zip	Code)	
dquaranta@forwomenvets.org		
E-mail address: (to be used for future annual rep	ort notification	
For further information concerning this matter, please call:		
Deloris M. Quaranta	904	239-6801
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida I	Department of S	tate:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy i enclosed)	Certifie is Certifie	Filing Fee cate of Status ed Copy conal Copy is ed)

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



16 MAR -3 PM 1:39

Northeast Florida Women Veteran, Inc.		
(Name of Corporation as	currently filed with the Flori	da Dept. of State)
N12000011609		
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:		Profit Corporation adopts the following
A. If amending name, enter the new name of the con Northeast Florida Women Veterans, Inc.	rporation:	
,		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent: N/A	Α	
New Registered Office Address:	(Flo	rida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Registe	ered Agent if changing

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	N/A		
Add			
Remove			
2) Change	N/A		
Add			
Remove			
3) Change	N/A		
Add			
Remove			
	N/A		
4) Change			
Add Remove			
5) Change	N/A		
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)		
N/A		
	_	
	_	
	_	
	_	

	e date of each amendment(s) adoption: March 1, 2014	, if other than the
	MARCH 1, 2016	
LIIÇ	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ument's effective date on the Department of State's records.	not be listed as the
Ada	option 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 March 1, 2016	and SECOND
	Signature Muaranto	16 HAR -
	(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)	3 PM
	Deloris M. Quaranta	7: 39
	(Typed or printed name of person signing)	
	CEO / President	
	(Title of person signing)	