

N130000003060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

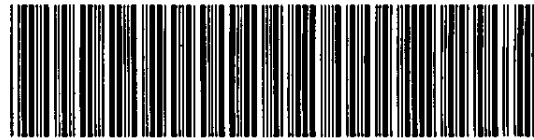
(Business Entity Name)

(Document Number)

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01/17/14--01007--021 \*\*43.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB -3 PM 14: 48

Amend/Name chg  
@ 2/3/14 cus

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Women Impacting Lives thru Unity, Inc.

DOCUMENT NUMBER: N/3000003060

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Shamara L. Byrd  
(Name of Contact Person)

(Firm/ Company)

10204 Marsh Harbor Way, #2  
(Address)

Riverview, FL 33578  
(City/ State and Zip Code)

doctorbyrds@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Shamara L. Byrd at (305) 613-4873  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable 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  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 FEB -3 PM 4:00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

January 24, 2014

DR. SHAMARA L. BYRD  
10204 MARSH HARBOR WAY #2  
RIVERVIEW, FL 33579

SUBJECT: WOMEN IMPACTING LIVES THRU UNITY, INC.  
Ref. Number: N13000003060

We have received your document for WOMEN IMPACTING LIVES THRU UNITY, INC. and your check totaling \$43.75. However, the document has not been filed and is being returned for the following reason:

You have decided not to file the amendment and has requested a refund.

A refund in the amount of \$43.75 will be issued. Please allow at least 60 to 90 days for the refund to be processed.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 914A00001682

1/31/14 To: Irene  
I, Shamara L. Byrd, would like to proceed with the name change. I am the owner of SEEK 2 SOAR Unlimited, LLC, which was dissolved so that I would not have a problem with using that name. If you have any questions, feel free to contact me. I do not want a refund. Please use the money towards this transaction.  
www.sunbiz.org

Articles of Amendment  
to  
Articles of Incorporation  
of

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB -3 PM 4:43

Women Impacting Lives thru Unity, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N13000003060

(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:**

Seek 2 Soar Unlimited Ministries, Inc. The new 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**)

10204 Marsh Harbor way  
Apt 2  
Riverview, FL 33578

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

10204 Marsh Harbor way  
Apt 2  
Riverview, FL 33578

**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:**

N/A 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:**

N/A  
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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	N/A	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____



The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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 January 13, 2011  
Signature DR. Shamara L. Byrd  
(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)

Dr. Shamara L. Byrd  
(Typed or printed name of person signing)  
President  
(Title of person signing)