N13000009893

(Re	questor's Name)	
(Ad	dress)	·····
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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BIVISION OF CORPORATION

2/8/3

COVER LETTER :

TO: Amendment Section
Division of Corporations

211 July 21 Composition				
NAME OF CORPORATION: Women of Victory Source of Joy Center				
DOCUMENT NUMBER: N1300009	893			
The enclosed Articles of Amendment and fee are subn				
Please return all correspondence concerning this matte				
	to the following.			
Imene Seide				
	(Name of Contact Pers	on)		
Women of Victory Source	e of Joy Ce	enter		
	(Firm/ Company)			
14311 Biscayne Blvd. Su	uite 0834			
	(Address)			
North Miami Florida 33261				
	(City/ State and Zip Co	de)		
soj seide@yahoo.com				
E-mail address: (to be used	for future annual repor	t notification)		
For further information concerning this matter, please	call:			
Imene Seide	₃₁ , 305	610-4936 Code & Daytime Telephone Number)		
(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 \$\text{Certificate of Status}\$	~	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address		et Address		
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327		on Building		
Tallahassee, FL 32314		Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 MAR 16 PM 2: 32

Women of Victory Source	of Joy Min	istry Inc.	(S) (MAIC TO TO
(Name of Corporation as currently	filed with the Flo	rida Dept. of State)	
N13000009893			
(Docum	ent Number of Co	rporation (if known)	
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation	06, Florida Statute 1:	s, this <i>Florida Not For Profit Corpo</i>	pration adopts the following
A. If amending name, enter the new name	of the corporati	on:	
Women of Victory Source	of Joy Cent	er Inc.,	The new
name must be distinguishable and contain th "Company" or "Co." may not be used in th			eviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		14311 Biscayne Blvd	
(Principal office address <u>MUST BE A STR</u>		Suite 0834	
		North Miami FI 3326	 1
		THOTHI IVII ATTI T T 3320	<u> </u>
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	ole: FICE BOX)	Same as above	
		-	
			
D. If amending the registered agent and/o new registered agent and/or the new re	r registered offic	<u>e address in Florida, enter the nar</u> Idress:	ne of the
	N/A		_
— <u>New Registered Office Address:</u>	(Florida street address)	•
- · · · · · · · · · · · · · · · · · · ·	N/A		N/A
<u>.</u>	(City)	, Florida	(Zip Code)
Now Desistand Assets Standard St.			(inp cone)
New Registered Agent's Signature, if chan I hereby accept the appointment as registere	d agent. I am fan	Agent: niliar with and accept the obligation	s of the position.
	N	/ Po	
	Signature of New I	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	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<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			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

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

Th	e date of each amendment	(s) adoption: 03/09/2015	FILED, if other than the
date this document was signed Effective date if applicable:		03/09/2015	SECRETARY OF STATE DIVISION OF CORPORATIONS
		(no more than 90 days after amendment file date)	15 MAR 6 PM 2: 32
Ad	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes cast for the proval.	e amendment(s)
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendmen lirectors.	t(s) was/were
	Dated 03/	09/2015	
	Signature •	Sudia	
	(By the	charman or vice chairman of the board, president or other office of been selected, by an incorporator – if in the hands of a receive court appointed fiduciary by that fiduciary)	
	Imene	Seide	
		(Typed or printed name of person signing)	
	CEO		
		(Title of person signing)	