N13000010263

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C. LEWIS
FEB 1 9 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

AME OF CORPORATION: HIRE A VETERAN	
DCUMENT NUMBER: N13000010263	
ne enclosed Articles of Amendment and fee are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
RACHEL LUCAS	
(Name of Contact Person)	
OUR FINANCIAL SOLUTIONS INC	
(Firm/ Company)	
2071 NW 5TH TERRACE	
(Address)	
POMPANO BEACH, FL 33060	
(City/ State and Zip Code)	
E-mail address: (to be used for future annual report notification)	Lon
or further information concerning this matter, please call:	
RACHEL LUCAS (Name of Contact Person) (Area Code & Daytime Telephone Number)	
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
nclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee 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

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation

14 FEB 18 PH 1:51

DECRETARY OF STATE
TATE AHAGSEE, FLORIDA

(Name of Corporation as currently filed with	th the Florida Dent of State)
N13000010263	in the Florida Dept. of State)
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:
SISTERS IN BUSINESS PROF	ESSIONAL NETWORK INC
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nume.	"corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	
C. Enter new mailing address, if applicable:	D. D. D. O. Z. C. Z. C. C. Z. C. C. Z. C. Z. C. C. Z. C. C. Z.
(Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 667161
	POMPANO BEACH, FL 33066
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
·	, Florida
	(City) (Zip Code)
	. I am familiar with and accept the obligations of the position.
Signatu	re 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 <math>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 E V Mike J SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	VP_	COLYA DAILEY	221 VERMONT AVE
Add			FORT LAUDERDALE, FL
X Remove			33312
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	4 55 - 741 (1-4 750 (1-4		
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
Character Character			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
ARTICLE III (PURPOSE)- TO ADVOCATE ON BEHALF OF AFRICAN AMERICAN WOMEN BUSINESS					
OWNERS THROUGH PROGRAMS THAT MEET DIVERSE NEEDS, PROVIDE LEADERSHIP TRAINING,					
EDUCATIONAL SEMINARS, AND MATCH NEW BUSINESS OWNERS WITH MENTORS.					

APPROVED AND FILED

date this document was signed.	· · · · · · · · · · · · · · · · · · ·	14 FEB 18 PM 1:51 , it other than the				
Effective date if applicable:	2/1/2014	SECRETARY OF STATE				
(no more than 90 days after amendment file date)						
Adoption 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 vertical.	votes cast for the amendment(s)				
There are no members or adopted by the board of o	members entitled to vote on the amendment(s). lirectors.	The amendment(s) was/were				
Signature(By the have r	charman or vice chairman of the board, preside not been selected, by an incorporator – if in the harman appointed fiduciary by that fiduciary)					
RACHI	EL LUCAS					
	(Typed or printed name of person signing))				
PRESI	DENT					
	(Title of person signing)					