Florida Department of State Division of Corporations

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Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.

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Phone : (323) 962-8600 : (323)962-3889 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN NATIVE AMERICAN WOMEN WARRIORS INC.

Certificate of Status	0
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C. LEWIS

AUG 12 2014

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FAX COVER SHEET

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COVER MESSAGE

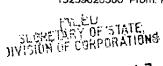
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NATIVE AM	ERICAN WOM	EN WARRIORS INC.		
DOCUMENT NUMBER: N1400005	636			
The enclosed Articles of Amendment and fee are subr	mitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
lmek	da Vasquez			
	(Name of Contact Person	n)		
Legalzo	oom.com, Inc.			
(Firm/ Company)				
100 W. Bro	padway Suite 100			
	(Address)			
Glenda	ele, CA 91210			
	(City/ State and Zip Code	c)		
brendamcewing@ymail.com				
E-mail address: (to be used	for future annual report	notification)		
For further information concerning this matter, please	call:			
Imelda Vasquez	323	962-8600 ode & Daytime Telephone Number)		
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:		
□ \$35 Fiting 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	Amend Divisio Clıflon 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of



14 AUG 11 AM 9: 47

NATIVE AMERICAN WOMEN WARRIORS INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
N1400005636
(Document Number of Corporation (1f known)
ursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following mendment(s) to its Articles of Incorporation:
. If amending name, enter the new name of the corporation:
First Nations Women Warriors Inc.
ame 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.
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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)
lew Registered Agent's Signature, if changing Registered Agent: 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

TA:

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>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change		-		
Remove				
2) Change Add				
Remove				
3) Change				
Remove				
4) Change Add				
Remove				
5) Change Add			<u> </u>	
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
(white) the specific of the sp			

date	date of each amendment(s) adoption this document was signed.	on: <u>07/14/2014</u>	SLERGIBLEY OF STATE O	if other than the
Elle	ctive date <u>if applicable</u> :	(no more than 90 days af	er amendment file date)	
Ado	ption of Amendment(s)	(<u>CHECK ONE</u>)		
	The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and the n	uniber of votes cast for the amendment(s)	
	There are no members or members eadopted by the board of directors.	entitled to vote on the amen	dment(s). The amendment(s) was/were	
	Dated 7 Aug	ust 2014		
	(By the chairman have not been se	or vice chairman of the boa	ed, president or other officer-if directors if in the hands of a receiver, trustee, or iary)	
	Brenda McEv	ving		
	President	oed or printed name of person	on signing)	
		(Title of person signi	ng)	