N1400000 9270

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	Idress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



400267470854

01/12/15--01005--016 **35.00

TILED

15 JAN 12 AM 8: 43
SECREJARY OF STATE
SECREJARSSEE, FLORID.

(PM)

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations CAN-AMERICAN WOMEN'S CAUCEUS The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup\$\$43.75 Filing Fee & \$\Bigcup\$\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy-Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

American Wilmen (Name of Corporation as currently filed with the Florida Dept. of State) V14000009270 (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: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp. "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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

Page 1 of 4

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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		Doe Jones Smith		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) Change	PJT,S	Leslie	Wimes	BYA RAION FI
Remove	-		·	33431
2) Change Add	<u>S</u>	Wendy	Sejour	BOCA RAJON I
Remove 3) Change Add	VF.	Verbi.	CA WAde	33431 2255 6/Ades Rd #324/ Bra Raton Fl
				33431
4) Change Add Remove	. <i>.</i>			
5) Change Add				
Remove				
6) Change Add				
Remove				

E.	If amending or adding additional Art	icles, enter change(s) here:
	If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
_		
		•
_		
_		
		•
_		
	•	
_		
	· · · · · · · · · · · · · · · · · · ·	

	e date of each amendment(s) adoption:	_, if other than the
Eff	(no more than 90 days after amendment file date)	
Ade	option of Amendment(s) (<u>CHECK ONE</u>)	
X	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 1-10-15	
	Signature Music Wimis	<u> </u>
	(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)	
	Leslie Wines	
	Control Wines (Typed or printed name of person signing) President Treasures Secretary (Title of person signing)	
	/ (Title of person signing)	