N150000001226

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Amend

FEB 0 8 2016 I ALBRITTON

TO: Amendment Section Division of Corporations

Sister Soldiers, Inc NAME OF CORPORATION:
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rhodene Mathis
(Name of Contact Person)
(Firm/ Company)
5545 Mathis Street
(Address)
Zephyrhills, FL 33642
(City/ State and Zip Code)
lsistersoldiers@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rhodene Mathis at
(Name of Contact Person) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\begin{array}{c} \$\\$43.75 Filing Fee & \$\\ \end{array}\$\$\$ Certificate of Status

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

Articles of Amendment to Articles of Incorporation of

Sister Soldiers, Inc (Name of Corporation as currently filed with the Florida Dept. of State) N15000001226 (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." 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) 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 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: 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: X Change X Remove X Add	PT John E V Mike J SV Sally S	<u>fones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add Remove			
5) Change		,	
Add			
Remove	,		
6) Change			
Add			
Remove			,

(allach additional sheets, if necessary). (Be specific)				
Article IX: Dissolution				
Dissolution of the corporation shall be by a 2/3 majority vote of the members of directors during one of its annual meetings. Upon vote for dissolution all assets shall be distributed in compliance with Chapter 617, Florida Statutes or applicable				
·				

Γhe	e date of each amendment(s) adoption:	, if other than the
late	e this document was signed.	, •
Eff	ective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nument's effective date on the Department of State's records.	be listed as the
Ad	option of Amendment(s) (<u>CHECK ONE</u>)	
	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.	
	Signature (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) Rhodene Mathis (Typed or printed name of person signing)	
	Executive Director	
	(Title of person signing)	