N15000003711

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Wear Her Heart Inc.				
DOCUMENT NUMBER:	N15000003711		···	<u></u>	,
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			機とす
Please return all correspondence concerning this matter to the following:					15 OCT -5
Victoria Michael					OCT -5 #
		(Name of Contact Person	on)		章 章
Wear Her Heart Inc.					8: 33
		(Firm/ Company)		·····	
4303 Ellinwood Blvd.					
		(Address)			
Tampa, Fl 34685					
		(City/ State and Zip Co	de)	 	
victoria@wearherheart.com					
E	-mail address: (to be used	for future annual report	tnotification	1)	
For further information conc	erning this matter, please	call:			
Victoria Michael			313)334-055		
	(Name of Contact Person			(Daytime Tele	ephone Number)
Enclosed is a check for the f	ollowing amount made pa	yable to the Florida Dep	partment of	State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status ed Copy tional Copy is sed)	
Mailing Address Amendment Section			t Address	on	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) 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 (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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>ime</u>		Address
1) Change	VP	Na	ntasha Nascimento	 .	1220 E. Cumberland Ave.
Add					St. 225
X Remove					Tampa. FL 33602
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change				 •	
Add					
Remove					
5) Change				· · · · · ·	
Add					
Remove			,		
6) Change				 ,	
Add					
Remove					

ttach additional sheets, if necessary).	(Be specific)
-	

	Sept. 30, 2015	
The date of each amendment(s) adoption late this document was signed.	n:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not ent of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	
There are no members or members e adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were	
September 30, 20 Dated	015	
Signature	orian	_
have not been sel	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)	
Victoria Mich	ael	
-the resignation of the state o	(Typed or printed name of person signing)	
President		
	(Title of person signing)	