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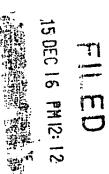
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations			S 28
NAME OF CORPORATION: With our	t walls	foundation Inc	
DOCUMENT NUMBER: N 1500 000	0 7703		
The enclosed Articles of Amendment and fee are submi	itted for filing.		
Please return all correspondence concerning this matter	to the following:		
ndalie wall	្រី <u>ា</u> Name of Contact Person	n)	· · · · · · · · · · · · · · · · · · ·
	(Firm/ Company)		
1681 nw 70th Ave	Apt th 111	4	
Plant-to the	3313		
The Hamon P	City/ State and Zip Cod	e)	
Plantation H 3 Lewin natalie 2 E-mail address: (to be used to	JW60. Com	notification)	
For further information concerning this matter, please ca		········	
Matalie Wallin (Name of Contact Person)	at (A)	154-865-609 rea Code) (Daytime Telephone	e Number)
Enclosed is a check for the following amount made pays			
\$35 Filing Fee \$\Bigcip\$\$43.75 Filing Fee & Certificate of Status	•	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address		Address	
Amendment Section Division of Corporations		Iment Section on Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

•	· · · · · · · · · · · · · · · · · · ·
	DEC.
Articles	of Amendment to
Articles	of Incorporation
With out Wa	11/3 FOUNDATION INC
(Name of Corporation as current	ly filed with the Florida Dept. of State)
/V ţ.	5000007723
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>ın;</u>
	The new
name must be distinguishable and contain the word "corporati "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)	1681 UM JO #100 # HIM
(1. mapa dyrec dam ess <u>moor burness montess</u>)	Plantation Fl 33313
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1681 nw 70th Ave 17191 # 1114
	Plantation FI 33312
•	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent:	latalie reallin
341	II NO TOP AVE AN #414
N	(Florida street address)
New Registered Office Address:	
- Plan	rtation, Florida 33313 (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.
\mathcal{M}_{\cdot}	
Sig	gnature of New Registered Agent, if changing

Page 1 of 4

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> <u>Mik</u>	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	Y _	Michelle Delahaye	3330 Spanish most terr Apt # 111 FauderhNI Fl 33313
2) Change Add Remove	<u>T</u>	michelle Delahaye	3330 Spanish Musi terr Apt # 111 Pouderhill 71 33313
3) Change Add Remove			
4) Change Add Remove	<u></u>	Down Gordon	1740 NW 50th St Apt 505 Louderhill FL 33351
5) Change Add Remove	T	Dawn Gordon	7740 MW 50th St Apt # 505 Founderhill F1 33351
6) Change Add Remove			

f amending or adding additional Arti utach additional sheets, if necessary).	(Be specific)				
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<u> </u>					

	e date of each amendment(s) adoption: 19-19-2015 , if or this document was signed.	her than the
Effe	fective date <u>if applicable</u> : (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 be listed current's effective date on the Department of State's records.	d as the
Ada	option of Amendment(s) (CHECK ONE)	
O ²	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 19-12-2015	
	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)	
	Notatie Waltin (Typed or printed name of person signing) Pasidon H	
	(Title of person signing)	