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R. WHITE



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	Woman In The Mirror	r, Inc.			
NI	15000010454				
DOCUMENT NUMBER:				·	
The enclosed Articles of Amen	dment and fee are submi	itted for filing.			
Please return all correspondence	e concerning this matter	to the following:			
Gail D. Davis					
	(1	Name of Contact Pe	erson)		
Woman In The Mirror, Inc.					
		(Firm/ Company	₍)		
14660 Tyler Street					
		(Address)			
Miami, Florida 33176					
	((City/ State and Zip	Code)		
gaildavis4276@gmail.com					
E-m	ail address: (to be used f	or future annual rep	ort notificati	on)	
For further information concern	ing this matter, please ca	all:			
Gail D.Davis		at	(954)	513-7064	
(N	ame of Contact Person)		(Area Code)	(Daytime Telepho	one Number)
Enclosed is a check for the follo	owing amount made paya	able to the Florida I	Department o	f State:	
□ \$35 Filing Fee □	☐\$43.75 Filing Fee & ☐ Certificate of Status	3\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Cert s Cert (Add	50 Filing Fee ificate of Status ified Copy ditional Copy is losed)	

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

17 APR 17 PH 12: 01

Woman In The Mirror, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N15000010454 (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		Doe Jones Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	Arlene D. McDuffey-Pope	10366 SW 207th Terrace
Add			Cutler Bay, FL 33189
X Remove			
2) Change	<u>v</u>	Debra Merricks	201 Woodland Trail
X Add			Pell City, Alabama 35125
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	.		
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artiutach additional sheets, if necessary).	(De specific)	
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		_
	<u></u>	
		_

	03/15/2017	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	15/2017	
Effective date <u>if applicable</u> :		THE SERVE
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment val.	nt(s)
☐ There are no members or men adopted by the board of direc	nbers entitled to vote on the amendment(s). The amendment(s) was/wer tors.	e
Dated 03/15/201	7	
Signature	A COUNTY	
have not be	irman or vice chairman of the board, president or other officer-if director een selected, by an incorporator – if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	
Gail D.	Davis	
<u></u>	(Typed or printed name of person signing)	_
Preside	nt	
	(Title of person signing)	_