

N15000010953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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12/02/15--01017--006 **43.75

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2015 JAN 11 PM 4:03
SEDA/STATE, FLA. 10A
TALLAHASSEE, FLA. 10A

Amend/Name
CC
ch8

JAN 11 2015
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TRANS WOMEN IN NEED OF SERVICES INC

DOCUMENT NUMBER: N15000010953

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

COREY WILLIAMS

(Name of Contact Person)

TRANS WOMEN IN NEED OF SERVICES, INC.

(Firm/ Company)

480 S.W. 102nd WAY, UNIT 101

(Address)

PEMBROKE LINES, FL 33025

(City/ State and Zip Code)

TWINFOFSERVICES1@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COREY WILLIAMS

305

942-1539

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2015

COREY WILLIAMS
TRANS WOMEN IN NEED OF SERVICES INC.
480 S.W. 102ND WAY - UNIT 101
PEMBROKE PINES, FL 33025

SUBJECT: TRANS WOMEN IN NEED OF SERVICES INC
Ref. Number: N15000010953

We have received your document for TRANS WOMEN IN NEED OF SERVICES INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 015A00025449

RECEIVED
16 JAN 11 PM 2:23

Articles of Amendment
to
Articles of Incorporation
of

TRANS WOMEN IN NEED OF SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N15000010953

(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:

The new 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:

NON-APPLICABLE

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

NON-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: NON-APPLICABLE

(Florida street address)

New Registered Office Address:

NON-APPLICABLE

(City)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>COREY WILLIAMS</u>	<u>480 S.W. 102nd WAY, UNIT 101</u> <u>PEMBROKE PINES, FL 33025</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VS</u>	<u>GREGARIO J. AUDEVERT</u>	<u>480 S.W. 102nd WAY, UNIT 101</u> <u>PEMBROKE PINES, FL 33025</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>ALFRED CHARLES THOMAS</u>	<u>10261 S.W. 12th STREET</u> <u>PEMBROKE PINES, FL 33025</u>
4) <input type="checkbox"/> N/A Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>N/A</u>	<u>NON-APPLICABLE</u>	<u>NON-APPLICABLE</u>
5) <input type="checkbox"/> N/A Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>N/A</u>	<u>NON-APPLICABLE</u>	<u>NON-APPLICABLE</u>
6) <input type="checkbox"/> N/A Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>N/A</u>	<u>NON-APPLICABLE</u>	<u>NON-APPLICABLE</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Link clients with Healthcare, Education and Job Opportunities; Minimize social disparities associated with the LGBTQ
Community; and Promote HIV/AIDS/STI Awareness and Prevention to high risk individuals through outreach efforts.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

JANUARY 01, 2016

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

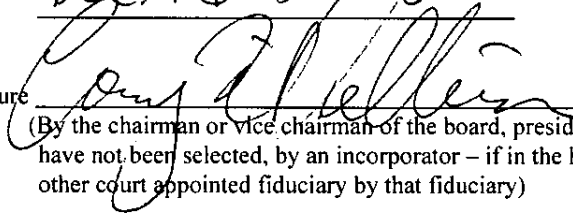
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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

Dec. 16, 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)

COREY WILLIAMS

(Typed or printed name of person signing)

CHIEF EXECUTIVE OFFICER (CEO)

(Title of person signing)