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Office Use Only



COVER LETTER

TO: Amendment Section Division of Corporations

WOW DISTRIBUTION CENTER INC

NAME OF CORPORATION:

N16000005016 DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

KATRINA LADSON

(Name of Contact Person)

HIDDEN TREASURES BUSINESS & FINANCE EMPORIUM LLC

150 S. PINE ISLAND ROAD, SUITE 300

(Address)

(Firm/ Company)

PLANTATION, FL 33324

(City/ State and Zip Code)

WOWDISTRIBUTIONCTR@GMAIL.COM

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

For further information concerning this matter, please call:

KATRINA LADSON			954	770-3838
		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	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
			Enclosed)

Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

2021 OCT 18 PH 2: 20

SECRE TAL!

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

WOW DISTRIBUTION CENTER INC

(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: (Principal office address <u>MUST BE A STREET ADDRESS</u>)

C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

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: HIDDEN TREASURES BUSINESS & FINANCE EMPORIUM LLC

(Florida street address)

150 S. PINE ISLAND ROAD, SUITE 300

New Registered Office Address:

PLANTATION (City)

Florida <u>33324</u>

(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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT John D</u> <u>V Mike J</u> <u>SV Sally S</u>	ones	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change Add	EO.S.T	WALK ON WATER MINISTRIES I	150 S. PINE ISLAND ROAD
× Remove			PLANTATION, FL 33324
2) Change $\xrightarrow{\times}$ Add	CEO	KATRINA R. LADSON	PO BOX 15285 PLANTATION, FL 33324
3) Remove 3) Change <u>×</u> Add Remove	<u>TRES.</u>	ELCIE O. JEAN	PO BOX 15285 PLANTATION, FL 33324
4) Change $\frac{X_{}}{X_{}}$ Add	<u>SEC.</u>	BARBARA J. NIXON	PO BOX 15285 Plantation. FL 33324
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

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

ARTICLE TWO - SECTION A.

THE UPDATED PURPOSE OF THE CORPORATION IS: A PHILANTHROPIC EFFORT TO PROVIDE AN

ECONOMICAL VENUE TO AID THE LESS FORTUNATE IN SUPPLYING HOMEGOODS TO DISTRESSED

FAMILIES AS WELL AS THE NON-PROFIT COMMUNITY WHO PROVIDE TRANSITIONAL HOUSING TO

THESE INDIVIDUALS. ADDITIONALLY, TO BE AN EMERGENCY HUMANITARIAN RELIEF FACILITY.

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

Effective date if applicable:

(no more than 90 days after amendment file date)

<u>Note:</u> 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.

Her 14 2021 Dated 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)

KATRINA R LADSON

(Typed or printed name of person signing)

CEO

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(Title of person signing)