

N1600000 7781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

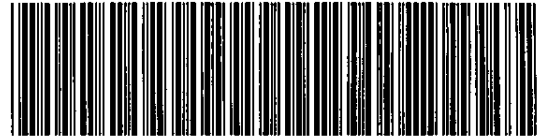
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Broward Moms Incorporated

DOCUMENT NUMBER: N16000007781

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

Please return all correspondence concerning this matter to the following:

Brittany Wolfe

(Name of Contact Person)

Broward Moms Incorporated

(Firm/ Company)

8664 SW 55TH ST

(Address)

COOPER CITY, FL 33328

(City/ State and Zip Code)

bwolfe@browardmommymectups.com

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

For further information concerning this matter, please call:

Brittany Wolfe

954

667-9672

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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

Broward Moms Incorporated

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

N1600007781

(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:

N/A

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 MUST BE A STREET ADDRESS)

no change

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

no change

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:

No change

New Registered Office Address:

(Florida street address)

(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

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STATE
CORPORATION

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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>D P</u>	<u>WOLFE, BRITTANY</u>	<u>8664 SW 55TH ST</u> <u>COOPER CITY, FL 33328</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D VP</u>	<u>BENSON, PATRICIA</u>	<u>5501 SW 37TH COURT</u> <u>DAVIE, FL 33314</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D T</u>	<u>ZBOROVSKAYA, YULIYA</u>	<u>3520 NW 50TH AVE</u> <u>LAUDERDALE LAKES,</u> <u>FL 33319</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D S</u>	<u>NEAL, VICTORIA</u>	<u>3104 NW 19TH ST APT 203</u> <u>FORT LAUDERDALE,</u> <u>FL 33311</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article III is being ammended to read: This corporation is organized exclusively for charitable purposes within the meaning of the Internal Revenue Code Section 501(c)(3), namely: To provide finacial, social, emotional, educational and employment support for disadvantaged and needy families in the south Florida area. This corporation will, through on line and in person counselling, provide referrals to helping agencies, along with vocational and self help training for families, individuals and children. It will implement play groups for children, support groups for adults, pregnancy and pre-natal classes for expectant mothers and training in parenting and childcare for parents. This corporation will diapers and infant care products, free of cost to families with children with limited means.

No part of this corporation's earning will be benefit any private person, unless is in the form of compensation paid to employees paid for carrying out the corporations mission. fulfillment of their duties.

This corporation will not attempt to influence legislation in any way or intervene on behalf of any political candidate.

In the event of this corporation's dissolution all remaining assets will be distributed by the directors to other IRS 501(c)(3) recognized charitable organizations with similar purposes.

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

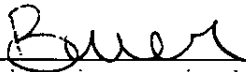
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 9-2-16

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)

Brittany Wolfe

(Typed or printed name of person signing)

Registered Agent, President and Director

(Title of person signing)