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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: +MORAL WOMERS (11018 INC			
DOCUMENT NUMBER: <u>N 17 00008870</u>			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Amanda Vallage (Name of Contact Person)			
Procents Lormen's Circle Inc (Firm/Company)			
(Firm/ Company)			
140E Indianature (Address)			
(Address)			
Delara FC 32-734			
(City/ State and Zip Code)			
Sydnowe mbidirect mail. (m) E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Amazara (Name of Contact Person) at 386-747-4004 (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 & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certified Copy (Certified Copy (Additional Copy is Enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Attici	of	011		
Phoenix Women's C		C ,		
(Name of Corporation as curre			of State)	
053300001111				
	ber of Corporatio	n (if known)		
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida i</i>	Not For Profit Co.	<i>rporation</i> adopts th	ne following
A. If amending name, enter the new name of the corpora	tion:			
				The new
name must be distinguishable and contain the word "corpord" (Company" or "Co," may not be used in the name.	ation" or "incorp	oorated" or the ab	obreviation "Corp.	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>			
	·			
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		orida, enter the	name of the	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	-	
		(Florida street a	ddress)	
New Registered Office Address:			건 28	
			Florida	<u> </u>
	(City)		(Zip Code)	1
New Registered Agent's Signature, if changing Registere			- 일의 on -	M
I hereby accept the appointment as registered agent. I am f	amiliar with and	accept the obligat	ions of the position	^L U

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)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	S	Karen Haught	1842 Patterson Ave Deland, Fl 32726
Remove 2) Change Add	<u>S</u>	Amarchilallag	140 FINDIAGE AVE Delma, FL32.724
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			
Kemove			

E. If amending or adding additional Art	cles, enter change(s) here:		
(attach additional sheets, if necessary).	(Be specific)		
			
13 - 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
			
			·

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were as was/were sufficient for approve	dopted by the members and the number of votes cast fo	or the amendment(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendrors.	ment(s) was/were
Dated3	13.2019	
Signature(By the chair	man or vice chairman of the board, president or other of	officer-if directors
have not be	en selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	
	(Typed or printed fam) of person signing	Υ L ng)
(10 1	Treasuer (Title of person signing)	