

NI 80000000 450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

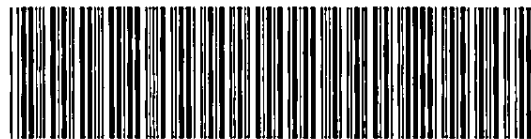
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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S TALLENT

JAN 28 2019

FILED

19 JAN 28 PM 5:00

Amended



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2018

AMANDA I CRUZ-MUJICA
MEMBERS OF BOARD OF DIRECTORS
34120 SPRING OAK TRAIL
WESLEY CHAPEL, FL 33545

SUBJECT: W.O.K.E., INC.
Ref. Number: N18000000450

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 218A00025238

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: W.O.K.F Inc

DOCUMENT NUMBER: N18000000450

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

Please return all correspondence concerning this matter to the following:

Amanda Cruz-Mujica

(Name of Contact Person)

Member of Board of Directors

(Firm/ Company)

34120 Spring Oak Trail

(Address)

Wesley Chapel, Florida, 33545

(City/ State and Zip Code)

wokeinc18@gmail.com

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

For further information concerning this matter, please call:

Megan Webb

(Name of Contact Person)

at 321-795-3439

(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 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

RECEIVED
2019 JAN 28 PM 1:02
SECRETARY OF
TALLAHASSEE

Articles of Amendment
to
Articles of Incorporation
of.

~~W.O.K.E. Inc.~~ W.O.K.E. Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)

N18000000450
(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 MUST BE A STREET ADDRESS)

34120 Spring Oak Trail
Wesley Chapel, FL, 33545

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

PO Box 292425, Tampa, FL, 33687

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:

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

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>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|----------|-----------------------------|---------------------------------|
| 1) <input type="checkbox"/> Change | <u>D</u> | <u>Megan Elizabeth Webb</u> | <u>34120 Spring Oak Trail</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Wesley Chapel, FL, 33545</u> |
| <input type="checkbox"/> Remove | | | |
| 2) <input checked="" type="checkbox"/> Change | <u>D</u> | <u>Carolyn Morales</u> | <u>2320 Palm Ave</u> |
| <input type="checkbox"/> Add | | | <u>Seffner, FL, 33584</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input checked="" type="checkbox"/> Change | <u>D</u> | <u>Mariah Rachel Silva</u> | <u>14306 Wedgewood</u> |
| <input type="checkbox"/> Add | | | <u>Crt Apt 202 Tampa</u> |
| <input type="checkbox"/> Remove | | | <u>FL, 33613</u> |
| 4) <input checked="" type="checkbox"/> Change | <u>D</u> | <u>Amanda I Cruz-Mujica</u> | <u>34120 Spring Oak</u> |
| <input type="checkbox"/> Add | | | <u>Trail, Wesley Chapel,</u> |
| <input type="checkbox"/> Remove | | | <u>FL, 33545</u> |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

[illegible]

The date of each amendment(s) adoption: 07/21/2018, 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 01/10/19

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)

Amanda I. Cruz-Mujica
(Typed or printed name of person signing)

Amanda I. Cruz-Mujica D
(Title of person signing)