N18DDDD09133

(Requestor's Name)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Business Entity Name)
(Document Number)
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		<u>COVER LET</u>	<u>1 F.K</u>	
TO: Amendment Section Division of Corporat	ions			
NAME OF CORPORAT	WMB Foundation In			
DOCUMENT NUMBER	N18000009733 {:			
The enclosed Articles of 2	Amendment and fee are sub	mitted for tiling.		
Please return all correspon	ndence concerning this matt	er to the following:		
Angela Santaeruz				
		(Name of Contact	Person)	
WMB Foundation Inc.				
		(Firm/ Compa	uny)	····-
16300 SW 137TH AVE.3	SUITE 130			
		(Address)		
Miami.FL, 33177				
	· · · ·	(City/ State and Zi	p Code)	
info@wmbnow.org				
	E-mail address: (to be used	for future annual r	eport notification	i)
	ncerning this matter, please	call:		
For further information co			786	426-5572
For further information co Angela Santacruz	(Name of Contrast Barrow		at	(Dautinu Talanhan Niemb
Angela Santacruz	(Name of Contact Persor)	at(Area Code)	
Angela Santacruz	(Name of Contact Persor e following amount made pa)	at(Area Code)	
Angela Santacruz	e following amount made pa	ayable to the Florida	at (Area Code) a Department of 1 ee & S52.50 Certif v is Certif	0 Filing Fee cate of Status ed Copy ional Copy is

Articles of Amendment to Articles of Incorporation of

WMB Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N18000009733 (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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) Ļ 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: N/A Name of New Registered Agent: 16300 SW 137TH AVE, SUITE 128 (Florida street address) New Registered Office Address: . Florida _____ Miami (Zip Code) (Cirv)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.

NIA Signature of New Registered Agent, if changing

Page 1 of 4

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</u> <u>John I</u> <u>V</u> <u>Mike</u> <u>SV</u> <u>Sally S</u>	lones	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
I) X Change	CEO	Javill Byron	16300 SW 137TH AVE
Add			SUITE 128
Remove			Miami, FL, 33177
2) Change		<u> . </u>	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<u></u>	
Add			<u></u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		Page 2 of 4	

E.	If amending o	<u>r adding</u>	additional	Articles,	enter	change(s)	here:
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(attach additional sheets, if necessary). (Be specific)

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N/A . -----_..... _ ____ ____ -. *...* --____ ____ _____ ____ ____ _____ _____ ____ ____ ____ _____ _____ ____ ____ ____ _____ ____ _____ ----------

	N/A	
	date of each amendment(s) adoption:	_, if other that
uale	N/A	
Effec	tive date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
docu	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b nent's effective date on the Department of State's records.	be listed as the
Auoj	otion of Amendment(s) (<u>CHECK ONE</u>)	
	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.	
	adopted by the oblite of directors,	
	November 2nd, 2018	
	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 tiductary by that fiduciary)	
	Angela Santacruz	
	(Typed or printed name of person signing)	
	President	
	r testaetti	

(Title of person signing)