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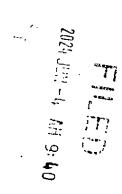
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Tampa Bay Exception NAME OF CORPORATION:	onal Women Inc		
N23000000110 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-			
Please return all correspondence concerning this matte	er to the following:		
Haya L Zohar			
	(Name of Contact Pe	rson)	
Tampa Bay Exceptional Women Inc			
	(Firm/ Company)	
5012 E Longboat Blvd			
	(Address)		····
Tampa FL 33615			
	(City/ State and Zip C	Code)	·
elanit@tbew.org			
E-mail address: (to be used	for future annual rep	ort notification	1)
For further information concerning this matter, please	call:		
Elanit Kravetzky	at _	813	281-2828
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida [Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status		Certifi Certifi	Filing Fee leate of Status led Copy lional Copy is (sed)
Mailing Address Amendment Section Division of Corporations	Am	eet Address endment Secti ision of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Tampa Bay Exceptional Women Inc

FILED

(Name of Corporation as currently filed with the N23000000110	<u>e Florida</u>	Dept. of State)	2024 JUII -4	Aii 9:40
(Docum	nent Numb	ber of Corporation (if known)		
Pursuant to the provisions of section 617.1006. Flo amendment(s) to its Articles of Incorporation:	rida Statut	tes, this <i>Florida Not For Profit</i> (Corporation adopts	the following
A. If amending name, enter the new name of the	e corpora	tion:		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ution" or "incorporated" or the c	abbreviation "Corp	." or "Inc."
B. Enter new principal office address, if applica		NA		
(Principal office address <u>MUST BE A STREET A</u>	<u>IDDRESS</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	NA		
D. If amending the registered agent and/or reginew registered agent and/or the new register			e name of the	
Name of New Registered Agent:	NA	auuress:	_	
<u>New Registered Office Address</u> :		(Florida street	address)	
	NA	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		1 Agent:	` ,	.,,
с жегел _у ассерсте арранинет во годин его иден	i. ramju	mata wan unu uccept the Orlige	ан <i>т</i> я од нас ромио	rt.
_	S	ignature of New Registered Agen	ut, if changing	<u>.</u>

If amending the Officers and/or Directors, er	iter the title and name of each officer/director being removed and title, name,
ind address of each Officer and/or Director b	eing 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	PT V SV	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
		nal Articles, enter change(s) here: ssary). (Be specific)	
Tampa Bay Exceptional V	Vomen Ir	oc is organized exclusively for charitable, religious,	educational, and scientific purposes
including, for such purpos	ses, the m	aking of distributions that qualify as exempt organiz	rations described under_
Section 501(c)(3) of the In	nternal R	evenue Code, or corresponding section of any future	federal tax code.
Upon the dissolution of the	e organiz	ration, assets shall be distributed for one or more exe	empt purposes within the meaning

Women Inc currently designat	es Downing Family Services EIN # 59-2655523 as the donee of any or all s	aid assets.
		
·		
		
·		
·		
The date of each amendment date this document was signed		, if other than the
Effective date <u>if applicable</u> :	May 28, 2024	
	(no more than 90 days after amendment file date)	•
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date no Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number of votes east for the amendment	nt(s)

.

By the chairman or vice chairman of the board, president or other officer-if directors
nave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Elanit Kravetzky
(Typed or printed name of person signing)