

N98000000382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

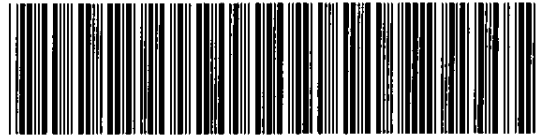
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08 APR 10 AM 8:21

CLERK OF STATE
TALLAHASSEE, FLORIDA

T. Roberts APR 14 2008



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2008

LILLIAN LIMA
P.O. BOX 91592
LAKELAND, FL 33804

SUBJECT: TOMORROW'S WOMAN, INC.
Ref. Number: N98000000382

We have received your document for TOMORROW'S WOMAN, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P02000057998 - POSITIVE SOLUTIONS, INC..

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 708A00018563

2008 APR 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tomorrow's Woman, Inc.

DOCUMENT NUMBER: N98000600382

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

Please return all correspondence concerning this matter to the following:

Lillian Lima

(Name of Contact Person)

(Firm/ Company)

P.O. Box 91592

(Address)

Lakeland, FL 33804

(City/ State and Zip Code)

For further information concerning this matter, please call:

Lillian Lima

(Name of Contact Person)

at (863) 660-4941

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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 32399

MAY 10 1908
 5-1-08
 FILED
 APR 10 AM 8:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 Inc.
 Dept. of State)

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

(Document number of corporation (if known))

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: 4/7/2008

Effective date if applicable: 5/1/2008
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature

Lillian Lima

(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.)

Lillian Lima

(Typed or printed name of person signing)

Chairman of the Board

(Title of person signing)

FILING FEE: \$35