N99000004533

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	Millennium Woman Foundation, Inc.				
DOCUMENT NUMBER:	N99000	004533	}		
The enclosed Articles of Amenda	nent and fee are subm	nitted for filing.			
Please return all correspondence of	oncerning this matter	r to the followir	ıg:		
· •	lichael O'	Shaugh	ness	SV	
		(Name of Conta			
		(Firm/ Con	npany)		
Р	. O. Box 1	·			
		(Addre	ss)		
Wi	nter Park,	FL 32	790		
		(City/ State and	Zip Code))	
	michaelos				
For further information concerning			·	·	
Michael O'Sha	aughness	y at (407	539-4844	
(Name of Contact	Person)			le & Daytime Telephone Number)	
Enclosed is a check for the follow	ing amount made pay	able to the Flor	rida Depar	tment of State:	
=	43.75 Filing Fee & lertificate of Status	□\$43.75 Filing Certified Cop (Additional c enclosed)	y	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations		Division Clifton E 2661 Ex	nent Section of Corporations	

Articles of Amendment Articles of Incorporation of

Millennium Woman Foundation, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N99000004533

(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

Millennium W	'ellness	Project, Inc.		The new
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam B. Enter new principal office address, if applicate (Principal office address)	<u>.</u> able:	N/A	or the abbreviation "Co	rp." or "Inc."
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	N/A		14 0CT 20 FH
D. If amending the registered agent and/or reginew registered agent and/or the new registered agent: Name of New Registered Agent:			nter the name of the	EB 22 H3
New Registered Office Address:	N/A	(Florida street address)	 . Florida N/A	
	(City)	· · · · · · · · · · · · · · · · · · ·		Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	nt. I am fai			tion.

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: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<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				

E. If amending or adding additional Arti	cles, enter change(s) here:	,	
(attach additional sheets, if necessary).	(Be specific)		
Name change only.			
	·		_
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The date of each amer	• • •	October 15, 2014	, if other than the
date this document was signed. Effective date if applicable:		October 15, 2014	
	(no	more than 90 days after amendment file date)	
Adoption of Amendm	ent(s) (<u>C</u>	HECK ONE)	
The amendment(s) was/were sufficient		the members and the number of votes cast for the amendment(s)	
There are no mem adopted by the bo		ed to vote on the amendment(s). The amendment(s) was/were	
Dated	October 15	, 2014	
Signature	(By the chairman or vio	ce chairman of the board, president or other officer-if directors l, by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	
N	/lichael O'Sha	ughnessy	
	(Typed or	printed name of person signing)	
		/DV	
		(Title of person signing)	