

P07000088153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

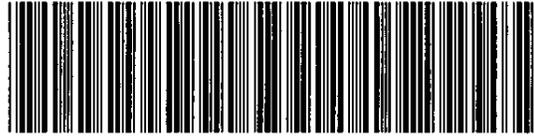
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name  
Change  
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**BOARD OF DIRECTORS**

**Officers**

Reginald Clyne, Esq.  
Chairperson/President

Hosea Butler, Jr.  
Secretary

Verbert C. Anderson  
Treasurer

**Members**

Nick Decius

Gerald C. Grant, Jr.

Honorable Carrie P. Meek  
(Retired)

Garth C. Reeves

Rev. Gaston Smith

Dorothea Stewart

August 24, 2007

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find the Amendment to the Articles of Incorporation and a check for the filing fees for the following:

Company name	Amount
WOUNDED WARRIOR E-COMMERCE, INC.	\$43.75

Please file the amendment and return a certified copy of the amendment to the following address:

William C. Young  
Tools for Change  
Black Economic Development Coalition, Inc.  
5800 NW 7<sup>th</sup> Ave., Suite 212  
Miami, FL 33127

Please feel free to contact me with any further questions.

Sincerely,

William C. Young  
Business Developer

**TOOLS FOR CHANGE**

**BLACK ECONOMIC DEVELOPMENT COALITION, INC.**

5800 N.W. 7<sup>th</sup> Avenue, Suite 212, Miami, FL 33127 (305)751-8934 Fax (305)751-1619

E-mail: [tfc@tfc.org](mailto:tfc@tfc.org) Web Site: <http://www.tfc.org>

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** WOUNDED WARRIOR E-COMMERCE, INC.

**DOCUMENT NUMBER:** P07000088153

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

Please return all correspondence concerning this matter to the following:

WILLIAM C YOUNG

(Name of Contact Person)

TOOLS FOR CHANGE

(Firm/ Company)

5800 N.W. 7th AVENUE, SUITE 212

(Address)

MIAMI, FLORIDA 33127

(City/ State and Zip Code)

For further information concerning this matter, please call:

WILLIAM YOUNG

(Name of Contact Person)

at ( 305 ) 751-8934

(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 32301



The date of each amendment(s) adoption: IMMEDIATELY

Effective date if applicable: N/A  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by  
\_\_\_\_\_."  
(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature Wilbur Coleman  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

WILBUR COLEMAN  
(Typed or printed name of person signing)

PRESIDENT AND DIRECTOR  
(Title of person signing)

**FILING FEE: \$35**