

P96000059236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

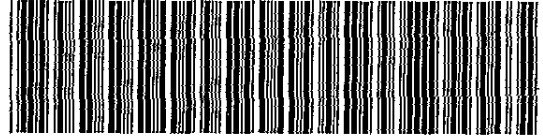
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

wob-11209



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03/20/08--0111--014 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 14 .PM 3:07

FILED

NIC Amend
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Dulce Muccio Weisenborn, Inc.

DOCUMENT NUMBER: 796000059236

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

Please return all correspondence concerning this matter to the following:

Dulce Muccio Weisenborn
(Name of Contact Person)

Dulce Muccio Weisenborn, Inc.
(Firm/ Company)

19526 East Lake Dr
(Address)

Miami, FL 33015
(City/ State and Zip Code)

For further information concerning this matter, please call:

Dulce Muccio Weisenborn at (308) 829-9008
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

DMW, INC.
19526 EAST LAKE DR
MIAMI, FL 33015

SUBJECT: DMW, INC.
Ref. Number: P96000059236

We have received your document for DMW, INC. and check(s) totaling \$450.00. However, your check(s) and document are being returned for the following:

~~The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.~~

The signature(s) on the report must be original and in ink. A photocopy or stamped signature is not acceptable.

Your amendment, reinstatement and the filing fees must be submitted together.

Our office will consider waiving the reinstatement fee provided you return your corrected document, your letter requesting a waiver, this letter and your check(s) totaling \$450.00 within 30 days of the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 406A00009538

February 18, 2006

Mr. Gary Blankenbaker
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314



Life Designs, Inc.

LIFE/WORK PLANNING CONSULTANT

Dear Gary,

This is the reminder note you asked me to write after our conversation of February 16, 2006. I am the blind woman whose forms were initially rejected for the use of a signature stamp. I have included the original documentation along with the requested amendment in hopes that all will go well now, including my fictitious name filing.

Should you have any questions, please call rather than write me at (305) 829-9008. Thanks so much for your kind guidance and reassurance that this matter can finally be resolved.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dulce Muccio Weisenborn', with a long, sweeping horizontal stroke extending to the right.

Dulce Muccio Weisenborn

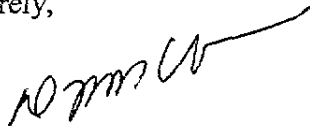
March 16, 2006

Amendment Section Division of corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Amendment Section:

This is my third attempt to file this paperwork properly. I am blind and have had to rely on friends each time something is missing. I would greatly appreciate your help with this matter, so it can be finally completed. Please call me at (305) 829-9008 or e-mail me at lifedesigns@qsrhelp.com if you have any questions as these are the most accessible formats I can use.

Sincerely,

A handwritten signature in black ink, appearing to read "Dulce Muccio Weisenborn", written in a cursive style.

Dulce Muccio Weisenborn



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2006

DMW, INC.
19526 EAST LAKE DR
MIAMI, FL 33015

SUBJECT: DMW, INC.
Ref. Number: P96000059236

We have received your document for DMW, INC. and check(s) totaling \$450.00. However, your check(s) and document are being returned for the following:

The records of the Division of Corporations do not reflect a name change has been filed for this corporation as indicated on the enclosed annual report. This report cannot be filed under the new name until an amendment has been filed. For your convenience, enclosed are the instructions and/or forms to change the name. Please return the amendment and annual report together to the address indicated on the amendment form.

The amendment filing fee is \$35.

The signature(s) on the report must be original and in ink. A photocopy or stamped signature is not acceptable.

Please attach letter requesting fee abatement showing year report was not receive.

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) 245-6059.

Tyrone Scott
Document Specialist

Letter Number: 806A00021684

April 11, 2006

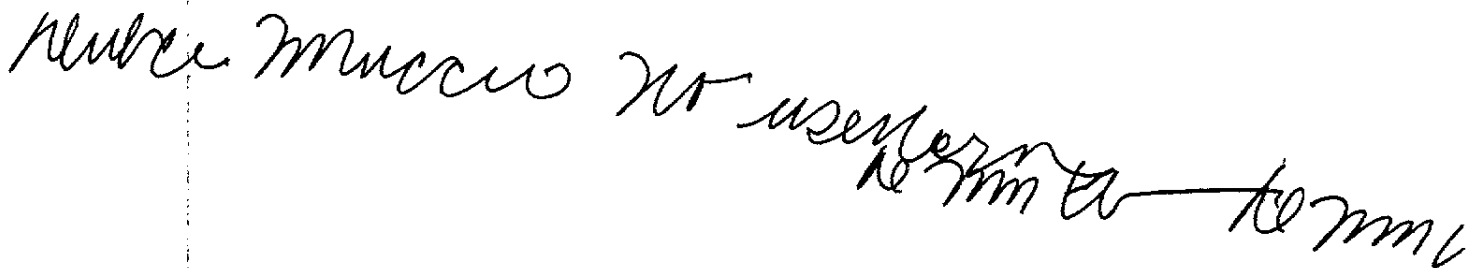
Ms. Susan Payne PERSONAL AND CONFIDENTIAL
Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314

Dear Susan,

Per your request, I am returning the enclosed paperwork for filing. Additionally, I hereby certify that I am blind and unable to sign (UTS) in a confined space or on any line. I, therefore, include below both my signature stamps, one for my initials and one for my full signature along with my "wet" signature of both my initials and full legal signature.

Thank you, again, for all your follow-up.

Sincerely,
Dulce Muccio Weisenborn (DMW)
(See Below)



The date of each amendment(s) adoption: 2/15/06

Effective date if applicable: _____
(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 *Dulce Muccio Weisenborn*

(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)

Dulce Muccio Weisenborn, Inc
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35

Witnessed *Alexandrea B. Catonini*
Alexandrea B. Catonini 2/15/06