N0400000 1535

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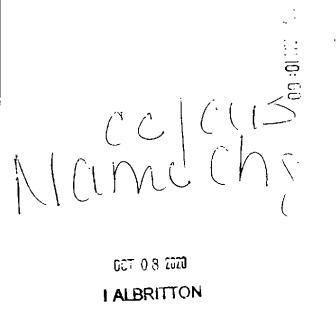
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations Guake The World 1 NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department, of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed)

Articles of Amendment to Articles of Incorporation of

Aurike The World	\mathcal{C}^{0}		
(Name of Corporation as currently filed with the Florida I	ept. of State)		
Awake The World, C (Document Number	o Ner of Corporation (if	0400000 1535 known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not F</i>	For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporati	ion:		
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	Inc	The new ed" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Brook Stone Prina City, FL. 3240t	_
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7027	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		a, enter the name of the	. •
Name of New Registered Agent:		<u>ö</u>	
		i i i i i i i i i i i i i i i i i i i	
New Registered Office Address:	(1	Florida street address)	
		, Florida	
	(Ciṇ)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan		t the obligations of the position.	
Sig	znature of New Regis	tered Agent, if changing	

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	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove		-	
4) Change Add			
Remove		-	
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin- (attach additional sheet	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
			,

	•	
		-
•		
Ph. d. e t		
ne date of each amendment(s) adoption: _		, if other than t
ate this document was signed.		
Effective date if applicable:	08-18-2020	
	more than 90 days after amendment file date)	

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

option of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
Dated	08-08-2020
Signature	Charm S. Mille
ha	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Charm S. Miller
	(Typed or printed name of person signing)
	Director Servetary

(Title of person signing)