## MIDODOODAILO

(Req	uestor's Name)	
(AbbA)	ress)	
(AbbA)	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



200318455612

09/20/18--01009--014 \*\*35.00



C. GOLDEN SEP 2 4 2018

## COVER LETTER

NAME OF CORPORATION: RISE Institute, Inc. DOCUMENT NUMBER: N10000002916 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tamika Jenkins
(Name of Contact Person) 1375 Cross Creek Circle#A Tallahassee, Fl 32301
(City/ State and Zip Code) riseinstitute & Yahw. Com
E-mail address: (to the used for future annual report notification) For further information concerning this matter, please call: Tamika Jenkins
(Name of Contact Person) 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 & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address

TO: Amendment Section

Division of Corporations

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

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation



## All Strands (Name of Corporation as currently filed with the Florida Dept. of State)

(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 amendment(s) to its Articles of Incorporation:

The new
poration" or "incorporated" or the abbreviation "Corp." or "Inc."
ESS )
office address in Florida, enter the name of the ice address:
(Florida street address)
. Florida
(City) (Zip Code)
ered Agent:
<u> </u>

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 I           V         Mike           SV         Sally	<u>Jones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	_D	Daniel Laing	1709 Quazar Rd. Tallahassee, Fl 32311
2) Change Add	<u>D</u>	Brianna Surrency	3097 Gallimore Dr. Tallahassee, FL 32305
Remove 3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove	<del></del>		

attach additional shee	ng additional Article ets, if necessary). (1	Be specific)				
					<u>-</u>	
			<u>.</u>			
				<del></del>	••	
	· · ·					
				<del></del>		
·	<del></del>		_ <del></del> _			
		<u> </u>				
	•					
					<del></del>	
<del></del>						
				, <u>-</u>		

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date if applicable: 9192018  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, locument's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the arwas/were sufficient for approval.	nendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) adopted by the board of directors.	was/were
Dated 9/19/2018	
Signature Jamina Jenur	· e 1:
(By the chairman or vice chairman of the board, president or other officer- have not been selected, by an incorporator – if in the hands of a receiver, other court appointed fiduciary by that fiduciary)	
Tamika Jenkins	
(Typed or printed name of person signing)	
PCEO	
(Title of person signing)	