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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ACHIEVE HIGHER GROUND INC.	
DOCUMENT NUMBER: N 14 00000 634	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
KARIN RIJNPERS (Name of Contact Person)	
(Name of Contact Person)	
ACHIEVE HIGHER GROUND (Firm/Company)	_
603 N. MAKTIN LUTHER KING JR. BLVD. (Address)	
TAUA-HASSEE FL. 32301 (City/ State and Zip Code)	
Tree a ACHIEVEHIGHER GROUND. ORG E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
KARIN RUNDERS at 941 214 9540 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ACHIEVE HIGHER GROUND INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
N 14 000000 6 34 (Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: 603 N. Martin Lutter King Jr. Blvd. (Principal office address MUST BE A STREET ADDRESS) Tallahassee, F1 32301
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) [Mailing address MAY BE A POST OFFICE BOX] [Mailing address MAY BE A POST OFFICE BOX]
Tallahassee, Fl 32301
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent: Karen Woodall Mus
603 N. Martin Luther King Jron Bood Tallahasses
New Registered Office Address: 603 N. Martin Luther King Jr. Blud.
Name of New Registered Agent: Karen Woodall
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Laren Woodall
Signature of New Registered Agent, if changing

(Attach additional sheet Please note the officer/a P = President; V= Vice	is, if necessary) lirector title by the President: T= Tre = Chief Financia	first letter of the office title: easurer; S= Secretary; D= Director; TR= T; Officer. If an officer/director holds more it	r/director being removed and title, name, rustee; C = Chairman or Clerk; CEO = Chief tan one title, list the first letter of each office
Changes should be noted a change, Mike Jones led Mike Jones, V as Remov	и чез ине согројин	on, sally smith is named the v and S. Thoso	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X.Change X.Remove X.Add	PT John I V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	Name	Address
Change Add Remove	_S_	ANNE WILLIAMS	4835 ANDRADE PENSALOLA, FL. 32504-9020
2) Change Add	D	STEPHEN TRIPODI	1201 LUCY ST TALLAHASSEE FL 32308
Remove 3) Change Add Remove	P	AGNES FUREY	4501 W. SHANNON LAKES DR TALLAHASSE 32309
4) Change Add			
Remove 5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or adding (attach additional sheet)	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption date this document was signed.	1:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	is not meet the applicable statutory filing requirements, this date will not be ant of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

. . .

ď	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
	Dated $09 - 30 - 2021$				
	Signature () WNQLKI.				
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
	KARIN RÜNDERS				
	(Typed or printed name of person signing)				
	EXECUTIVE DIRECTOR				
	(Title of person signing)				