N14000005887

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATEMENT OF CORPORATIONS

C. LEVVIS

JUL 18 2014

EXAMINER

COVER LETTER

| TO: Amendment Section Division of Corporations | • | | | |
|--|--|---|--|--|
| NAME OF CORPORATION: Rise Initia | ite Strategiz | ze Empower, Inc | | |
| DOCUMENT NUMBER: N1400005 | 5887 | | | |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. | | | |
| Please return all correspondence concerning this matte | r to the following: | | | |
| Rubin Anderson | | | | |
| | (Name of Contact Person | n) | | |
| Rubin Anderson for Gove | ernor 2018, | Inc | | |
| , | (Firm/ Company) | | | |
| 5434 54th Way | | | | |
| | (Address) | | | |
| West Palm Beach, FL 33 | 3409 | | | |
| (City/ State and Zip Code) | | | | |
| rubinandersonforg | governor@g | gmail.com | | |
| E-mail address: (to be used | for future annual report | notification) | | |
| For further information concerning this matter, please | call: | | | |
| Rubin Anderson | _{at (} 561 | 234-9488 | | |
| (Name of Contact Person) | (Area Co | ode & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount made page | yable to the Florida Depa | ortment of State: | | |
| □ \$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 | Amend Division | Address Iment Section on of Corporations Building | | |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

| SE | cret inn (| ま CO よなく イガス | ij Of RFO | STATE IRATION | ű |
|-------|---------------|--------------------|-----------------|------------------|---|
| 31410 | | . 1 | N H | 10:58 |) |

| | of | JIAISIAM A. |
|---|---|-----------------------------------|
| Rise Initiate Strategize | *** | 14 JUL -1 N |
| (Name of Corporation as currently f | iled with the Florida Dept. of State) | |
| 114000005887 | | |
| (Docume | ent Number of Corporation (if known) | |
| rsuant to the provisions of section 617.100 nendment(s) to its Articles of Incorporation | 6, Florida Statutes, this <i>Florida Not For Pro</i> : | ofit Corporation adopts the follo |
| . If amending name, enter the new name | of the corporation: | |
| Rubin Anderson for Go | overnor 2018. Inc | 71. |
| | e word "corporation" or "incorporated" or | the abbreviation "Corp." or " |
| . Enter new principal office address, if a Principal office address MUST BE A STRI | | |
| | | |
| . Enter new mailing address, if applicab | | |
| (Mailing address MAY BE A POST OF | FICE BOX) | |
| | | |
| | | |
| Maria di Cara | | |
| new registered agent and/or the new re | r registered office address in Florida, ente egistered office address: | er the name of the |
| Name of New Registered Agent: | | |
| Nume of New Registered Agent. | | |
| | (Floridu street address) | |
| | , | |
| New Registered Office Address: | | |
| New Registered Office Address: | | _, Florida |

Page 1 of 4

Signature of New Registered 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 I V Mike SV Sally | <u>Jones</u> | |
|----------------------------------|---------------------------------|------------------|---------------------------|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | <u>VT</u> | Rachel Noel Judd | 1301 Henrietta Avenue, #9 |
| X Add | | | West Palm Beach, FL 33401 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Art (attach additional sheets, if necessary). | (Be specific) | |
|--|-------------------|--|
| Political campaign | | |
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| The | date of each amendment(s) a | doption: June 22, 2014 | in tu | if other than the ORATIONS |
|------|--|---|--------------------------------------|----------------------------|
| date | this document was signed. | | SECRETARY OF | - 'STATE PORATIONE |
| Effe | ective date <u>if applicable</u> : U | ıne 22, 2014 | | |
| | | (no more than 90 days after ame | endment file dat ol . IVL - A | M10:56 |
| Ada | option of Amendment(s) | (<u>CHECK ONE</u>) | | |
| | The amendment(s) was/were a was/were sufficient for approx | adopted by the members and the number val. | of votes cast for the amendment(s |) |
| | There are no members or men adopted by the board of direc | s). The amendment(s) was/were | | |
| | Dated June | 22, 2014 | | |
| | Signature | | | |
| | (By the cha | irman or vice chairman of the board, pre | sident or other officer-if directors | |
| | | een selected, by an incorporator – if in the appointed fiduciary by that fiduciary) | ne hands of a receiver, trustee, or | |
| | Rubin A | nderson | | |
| | | (Typed or printed name of person sign | ing) | |
| | Presider | nt | | |
| | SternMeiner! | (Title of person signing) | | |