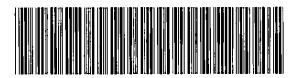
PAXO10001P1

(F	Requestor's Name)
(/	Address)
(/	Address)
((City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(E	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	-
	J. HORNE JUL 19 2022

Office Use Only



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FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WOMENS EQUAL	. PAY NETWORK	
CORPORATION		
	<u> </u>	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		✓ Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Seurch
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: BA	7/18/22	UCC 1 or 3 File
Nama		— UCC 11 Search
Name	Date Hine	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	Womens Equal Pay N:	Network Corporation		
	114000010649			
DOCUMENT NUMBER: _				
The enclosed Articles of Ame	endment and fee are subm	nitted for filing.		
Please return all corresponder	nce concerning this matte	er to the following:		
Dr. Trisha Beck				
		(Name of Contact Pe	erson)	
Ideation Incorporated				
		(Firm/ Company	/)	
1314 East Las Olas Blvd				
- <u>-</u>		(Address)	-	
Fort Lauderdale, Florida 333	01			
		(City/ State and Zip	Code)	
trish@thecamegiegroup.com				
E-	mail address: (to be used	for future annual rep	ort notification	n)
For further information conce	rming this matter, please	call:		
Dr. Trisha Beck		at	845	2245164
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pa	yable to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	D Filing Fee icate of Status ied Copy tional Copy is osed)

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

Articles of Amendment Articles of Incorporation of

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

	Articles of Amendment	<u>~</u>
	to	200
A	Articles of Incorporation of	
Womens Equal Pay Network Corporation		(if known)
Name of Corporation as currently filed with the Flo	orida Dept. of State)	7320
N14000010649		
(Document	Number of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida No	of For Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
Ideation Incorporated		The new
name must be distinguishable and contain the word "co	orporation" or "incorpo	
"Company" or "Co." may not be used in the name.	13145	
B. Enter new principal office address, if applicable:		las Bivd.
(Principal office address <u>MUST BE A STREET ADD</u>	RESS) Fort Lauderdale,	Florida 33301
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Fort Lauderdale,	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered of Dr.		rida, enter the name of the
Name of New Registered Agent:	A Lac Olac Blud Fort I	auderdale, Florida 33301
131	i - izas Olas Divu., i Ult Iz	(Florida street address)
New Registered Office Address:		(- co- sau in our sauer t-bay
For	t Lauderdale	, Florida 33301
-	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I		cept the obligations of the position.
	Jus 1a/he	
	Signature of New Re	egistered 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)

convenor.

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	ne <u>s</u>			
Type of Action (Check One)	<u>Title</u>	Name	Address		
I) Change Add	<u>P</u>	Shari Olefson	15 SE 9th Ave. Fort Lauderdale, FL 33301		
× Remove					
2) Change Add	<u>P,T,S</u>	Trisha Beck	1314 East Las Olas Blvd. Fort Lauderdale, FL 33301		
Remove 3) Change	<u>CEO</u>	Trisha Beck	1314 East Las Olas Blvd. Fort Lauderdale, FL 33301		
4) Change x Add	<u>C</u>	Shari Africk-Olefson (Founding Con-	1314 East Las Olas Blvd. Fort Lauderdale, FL 33301		
Remove					
5) Change Add					
Remove					
6) Change Add			٥		
Remove					
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
Article III is hereby amended to read as follows: Advancing doctoral level evidence-based scientific research and education					
to solve problems, mitigate disparities, and improve lives, organizations, and communities. Upon dissolution, all remaining					
funds will be used exclusively for excempt educational and evidence-based scientific purposes.					
Article IV is hereby amended to read as follows: Directors are elected by majority vote of the president, CEO, and founding					

	
	
	
	
	
	
The date of each amendment(s) adoption: April 1, 2022	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: April 1, 2022	
Effective date if applicable: (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, this date will not b document's effective date on the Department of State's records.	e 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 amendment(s) was/were sufficient for approval.	

•	poard of directors.
Dated	April 1, 2022
Signatu	re Man Mul- (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)
	Trisha Beck
	(Typed or printed name of person signing)
	President and CEO

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Womens Equal	Pay Network Corporatio	n	
DOCUMENT NUMBER:		··	
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this r	natter to the following:		
Dr. Trisha Beck			
	(Name of Contact P	erson)	
Ideation Incorporated			
	(Firm/ Compan	y)	
1314 East Las Olas Bivd			
	(Address)		
Fort Lauderdale, Florida 33301			
	(City/ State and Zip	Code)	
trish@thecamegiegroup.com			
E-mail address: (to be u	sed for future annual rep	port notification	on)
For further information concerning this matter, ple	ase call:		
Dr. Trisha Beck	at	845	2245164
. (Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida I	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	-	Certif Certif	0 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section Division of Corporations	Am Div	eet Address endment Sect ision of Corpo	orations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303