## N140000 11500

(Requestor's Na	me)
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(City/State/Zip/P	hone #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Num	nber)
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Special Instructions to Filing Officer	:

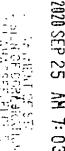
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Rise Above Pertorning Arts NAME OF CORPORATION: N14000011500 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jacob Ruscoe
(Name of Contact Person) Rise Above Performing A Sarasota, FL 34232 (City/ State and Zip Code) Jacob & riseabovearts, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jacob Ruscol at 941-822-9279

(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee S43.75 Filing Fee & S43.75 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 Amendment Section Amendment Section

**Division of Corporations** 

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to

Articles of Incorporation

Rise Above Per	forming Arts Inc
(Name of Corporation as currently filed with the Florida Dep	t. of State)
114000	011500
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:	his Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>.</u>
	NA
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	35015. Tanjani Trail
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Svite 1105
	Sorasota, FL 34239
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	W/A
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office add	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famil	iar with and accept the obligations of the position.
Signa	tture of New Registered Agent, if changing 25

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 D           V         Mike J           SV         Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	MGR	Donnie Hebert	7410 63rd St Ct W University Place WA 98467
2) Change Add	VP	Joi Chapman	1476 E Bur Dak Ct Sarasota, FL 34232
Remove 3) Change Add	Menber	Rachael Johnson	2476 EBUR Daket Sarasota FL 34732
4) Change Add	_5_	Krista Baker	4110 Waikiki Dr Sovasota, FL 34241
Remove  5) Change Add			
Remove			
6) Change Add Remove			
E. If amending or addi (attach additional she		ticles, enter change(s) here: (Be specific)	
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	A/im	
The date of each amendment(s) adoption date this document was signed.	n:, if other	er than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	s not meet the applicable statutory filing requirements, this date will not be listed	as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted to was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
Dated	9/22/20
Signature	
	(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)
	Jacob Ruscoe
	(Typed or printed name of person signing)
	President / Chaiman of the Board
	(Title of person signing)