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H220002322813ABCW

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN RT INTERNATIONAL TRAINING AND RESEARCH INC.

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TO: Amendment Section

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COVER LETTER

Division of Corporations		
NAME OF CORPORATION: ART International Training and Research Inc.		
DOCUMENT NUMBER:N16000003567		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Norma DeGuenther		
(Name of Contact Person)		
(Firm/ Company)		
1511 N. West Shore Blvd., Suite 750	()	202
(Address)	- 20	<u></u>
Tampa, FL 33607		1
(City/ State and Zip Code)	, - ,	——————————————————————————————————————
aforney@mvpholdings.com	•	
E-mail address: (to be used for future annual report notification)	:	ယ
For further information concerning this matter, please call:	1.5	9
Norma DeGuenther at (813) 546-9089		
(Name of Contact Person) (Area Code) (Daytime Telepho	ne Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:		

Certified Copy

enclosed)

(Additional copy is

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

□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee &

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

□\$52.50 Filing Fee

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(Additional Copy is Enclosed)

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b in rest.

Articles of Amendment to Articles of Incorporation of

ART International Training and Research Inc.				
(Name of Cornoration as currently filed with the	: Florida	Dept. of State)		
N16000003567				
(Docum	ient Num	ber of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statu	ites, this <i>Florida Not i</i>	For Profit Corporation add	opts the following
A. If amending name, enter the new name of the	corpor	<u>ıtion:</u>		
ARISE Alliance Institute, Inc.				The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name		ation" or "incorporat	ed" or the abbreviation "C	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		_ <u>N/A</u>		
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE)	<u>80x</u>)	N/A		\$ 70 2 2 JUL -
 If amending the registered agent and/or registered agent and/or the new registered 	tered off ed office	ice address in Florid address:	a, enter the name of the	:- : ယ က မ
Name of New Registered Agent:	N/A			
New Revistered Office Address:		(4	Florida street address)	. <u> </u>
	N/A		, Florida	
		(City)	(Zip Co.	de)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered . I am fa	Agent: miliar with and accep	nt the obligations of the pos	ition.
_	N/A			
	S	ignature of New Regis	tered Agent, if changing	

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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 Do Y Mike Ic SV Sally Si	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add		N/A	
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 (attach additional sheet	e additional Artics, if necessary).	cles, enter change(s) here: (Be specific)	
Amend Article I to read	i as follows:		
The name of the corpor	ation is: ARISE A	Alliance Institute, Inc.	
			

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· · · · · · · · · · · · · · · · · · ·		
 		
		<u> </u>
<u> </u>		
ne date of each amendment(s) as te this document was signed.	doption: July 7, 2022	, if other than the
Sective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
ote: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirement and state's records.	ents, this date will not be listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for t	he amendment(s)

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	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 July 7, 2092
	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)
	Kelly Bustin
	(Typed or printed name of person signing)
	Director/Executive Director
	(Title of person signing)