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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | _ |
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COVER LETTER

FILED SECRETARY OF STATE DIVISION OF COMPORATING

TO: Amendment Section Division of Corporations 200 JUN -8 AM 11: 64

| NAME OF CORPORATIO | | owerment Initiative, Inc | : . | | |
|--|---|--|--------------------|--|---|
| MAND OF CORFORATIO | | 0 | | | |
| DOCUMENT NUMBER: _ | N16000007 | 282 | | | |
| The enclosed Articles of Amo | endment and fee are subm | itted for filing. | | | |
| Please return all corresponde | nce concerning this matter | to the following: | | | |
| Arlene Blake | | | | | |
| | | Name of Contact Perso | n) | | |
| | | | | | |
| | <u></u> | (Firm/ Company) | | <u> </u> | |
| ************************************** | N 5151 | , , | | | |
| 5833 South Goldenrod, Ste I | 3 #151 | | | | |
| | | (Address) | | | |
| Orlando, FL 32822 | | | | | |
| | (| City/ State and Zip Coo | le) | | _ |
| info@womenontheriscorland | lo.com | | | | |
| E | -mail address: (to be used | for future annual report | notification |) | |
| For further information conce | erning this matter, please c | eall: | | | |
| Arlene Blake | | - | 7-492-1943 | | |
| | (Name of Contact Person) | (A | rea Code) | (Daytime Telephone Number |) |
| Enclosed is a check for the fo | ollowing amount made pay | rable to the Florida Dep | artment of S | State: | |
| ☐ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certifi Certifi | D Filing Fee leate of Status led Copy tional Copy is used) | |
| 3.5 . 117 | 4.4 | Stron | Addence | | |

Mailing Address

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

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



251 JUN -8 AM 11: 54

| The Paula Blake Empowerment Initiative Inc. (Name of Corporation as current) | ly filed with the Flori | ida Dont, of State) | |
|--|-------------------------------|---|--|
| | iv med with the Fior | dia Dept. of State) | |
| N16000007282 | 00 | | |
| (Document Number | er of Corporation (if kn | iown) | |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | | Profit Corporation adopts the following | |
| A. If amending name, enter the new name of the corporati | on: | | |
| Women on the Rise, Inc. | | The new | |
| name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name. | ion" or "incorporated | " or the abbreviation "Corp." or "Inc." | |
| B. Enter new principal office address, if applicable: | same | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | same | | |
| | | | |
| | | | |
| | - | | |
| D. If amending the registered agent and/or registered offic | e address in Florida, | enter the name of the | |
| new registered agent and/or the new registered office a | ddress: | | |
| Name of New Registered Agent: | | | |
| | | | |
| | (Florida street address) | | |
| New Registered Office Address: | | | |
| | | , Florida | |
| | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai | Agent: niliar with and accept | the obligations of the position. | |
| | | | |
| | gnature of New Regist | ered 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 D V Mike John S SV Sally S | <u>ones</u> | |
|----------------------------------|--|-------------|--|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change Add Remove | D | Retu Jalhan | 5833 S. Goldennod Suite B #151 Orlando, Fr 32877 |
| 2) Change Add | | | |
| Remove 3) Change Add | | | |
| Remove 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6) Change Add | | | |
| Remove | | | |

| f amending or adding additional Arti utach additional sheets, if necessary). | (Be specific) | | | | | |
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| The date of each amendment(s) adoption: Horl 10,2018 date this document was signed. | , if other than the |
|--|---------------------|
| 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 document's effective date on the Department of State's records. | t be 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. | |
| 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 May 30,2018 | |
| (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) | |
| Arlene Blake | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |