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Name Change

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	on: Women	on the Risa	: Inc	
DOCUMENT NUMBER:	N1600000	7282		
The enclosed Articles of Am	endment and fee are sub	nitted for filing.		
Please return all corresponde	ence concerning this matte	er to the following:		
	Ari	ene Blake (Name of Contact Perso		
		(Name of Contact Perso	on)	
		(F: 16)		
		(Firm/ Company)		
5833	S. Goldenr	od RU. St	e. B #151	:: :
		(Address)		{
	Olanda	15 3287 (City/ State and Zip Coo	2	
		(City/ State and Zip Coo	le)	5
inf	-mail address: (to be used	Therise or	lando. com	18:10: 36
For further information conc	erning this mater, please	call:	·	
Artene	Blake	at	(417)492-19 rea Code) (Daytime Telephone	143
	(Name of Contact Person) (A	rea Code) (Daytime Telephone	Number)
Enclosed is a check for the fo	ollowing amount made pa	yable to the Florida Dep	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing A	<u>ddress</u>	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Attices	of		
Women on t	ne Rise	itno	
(Name of Corporation as current	tly filed with the Flor	ida Dept. of State)	
N160C	0007282		
(Document Numb	er of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Statute imendment(s) to its Articles of Incorporation:	s, this <i>Florida Not Fo</i>	r Profit Corporation adopt	s the following
A. If amending name, enter the new name of the corporati	on:		
Women on the Rise	Interna	tional Tric	The new
name must be distinguishable and contain the word "corporat 'Company" or "Co." may not be used in the name.	ion" or "incorporated	I" or the abbreviation "Cor	p." or "Inc."
B. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u>)			.a. (
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			- 3
If amending the registered agent and/or registered office new registered agent and/or the new registered office agent.		enter the name of the	_
Name of New Registered Agent:			
New Registered Office Address:	(F)	lorida street address)	
		, Florida	
	(City)	(Zip Code	·)
New Registered Agent's Signature, if changing Registered	Agent:		
hereby accept the appointment as registered agent. I am fai	niliar with and accept	the obligations of the posit	ion.

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:

(Attack 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		<u>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change			
Add			
Remove			
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 Ar attach additional sheets, if necessary).	(Be specific)			
			_	

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		 	. <u> </u>	

the date of each amendment(s) adoption:	, if other than th
Effective date <u>if applicable</u> :	
(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 wildocument's effective date on the Department of State's records.	I not 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 theamendment(s) was/were sufficient for approval.	ı
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 $\frac{9113118}{00000000000000000000000000000000000$	
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)	
Arlene Blake	
(Typed or printed name of person signing)	
Executive Director	
(Title of person signing)	