(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	TION INC
DOCUMENT NUMBER:N17000000612	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
SHANNON ROSIER	
	(Name of Contact Person)
	(Firm/ Company)
PO BOX 12493	
	(Address)
TALLAHASSEE, FL 32317	
	(City/ State and Zip Code)
shannon@rosicrco.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
SHANNON ROSIER	850-877-6362 at
(Name of Contact Person	
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

ASPIRE FOUNDATION INC

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N17000000612		
(Document	Number of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
	· _ · · ·	The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorpora	ited" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2)	
(maining dadress MAT BE A POST OFFICE BOX		102
D. If amending the registered agent and/or registere	ed office address in Flori	da, enter the name of the
new registered agent and/or the new registered or	ffice address:	See F
Name of New Registered Agent:		FIN H
		一一一
New Registered Office Address:		(Florida street address)
The Magazines Office Madress.		
	(City)	Florida (Zip Code)
Non-Designated Assessed Streets Comment		` '
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and acce	ept the obligations of the position.
		
	Signature of New Reg	istered 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 I V Mike J SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add	VP	AVERY CURRY	1882 CAPITAL CIR NE STE 102 TALLAHASSEE, FL 32308
Remove			
2) Change Add		***drop the "L" and "Jr"***	
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g additional Ar ts, if necessary).	ticles, enter change(s) here: (Be specific)	

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		-
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The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:		
(n	o more than 90 days after amendment file date)	
	not meet the applicable statutory filing requirements, this date will not b	e listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted b was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. 9/7/2021 Dated		
Signature (By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)		
TAYLOR ROSIER		
(Typed or printed name of person signing)		
PRESIDENT		
(Title of person signing)		