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(Add	dress)	
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(Cit	y/State/Zip/Phone	:#)
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And

R. WHITE SEP 1 0 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:	WE RISE UP INC	
DOCUMENT NUMBER: _	N18000002980)	
The enclosed Articles of Ame	endment and fee are subm	itted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
		Tiffany Scott	
	(Name of Contact Person)
		WE RISE UP INC	
		(Firm/ Company)	
	380	00 CARRICK BEND D	PRIVE
		(Address)	
	,	ZICCIMANACE EL 2474	G
		KISSIMMEE, FL 3474 City' State and Zip Code	
	tiffany	/@scottgloba	al.net
E	-mail address: (to be used	for future annual report r	notification)
For further information conce	erning this matter, please of	call:	
Tiffany Sc	ott	at	407-607-1811
	(Name of Contact Person)	(Ar	ea Code) (Daytime Telephone Number)
Enclosed is a check for the fo	offowing amount made pay	vable to the Florida Depa	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)
		43.	

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

FILED

We Rise Up INC		2010 3EP -5 PM 1: 11
(Name of Corporation	as currently filed with	the Barida Dept. of State) CRETARY OF STATE
N18000002980		TALLAHASSEE, FL
	ent Number of Corpora	
Pursuant to the provisions of section 647-1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florid</i>	a Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	"corporation" or "inc	orporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A)	ole: N/A DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>N/A</u>	
D. If amending the registered agent and/or registered agent and/or the new register	stered office address in ed office address:	ı Florida, enter the name of the
Name of New Registered Agent:	N/A	
	N/A	
		(i lornia street address)
New Registered Office Address:		
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: u. I am familiar with a	ind accept the obligations of the position
_	N/A	
	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:

(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 PTO.

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change Add	VP	Ivan Scott	3800 Carrick Bend Drive Kissimmee, FL 34746
Remove 2) Change Add			
Remove 3) Change Add			
Remove Change Add			
Remove Change Add			
Remove 6) Change Add Remove			

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V/A									
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The date of each amendment(s) adoption:
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 will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was were adopted by the members and the number of votes east 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.
Signature OS/21/2018 Signature (By the chairman or vice eltarman 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)
Tiffany Scott (Typed or printed name of person signing)
Chairman / President (Title of person signing)
(title of person signing)