## N18000007889

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SECRETARY OF STATE
TALL ARASSET OF STATE

MAY 0.8 2019 FOCHROEDER

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	Women on The Rise				
DOCUMENT NUMBER	N180000007889				
DOCUMENT NUMB	rk:				
The enclosed A <i>rticles</i>	of Amendment and fee are subm	itted for filing.			
Please return all corres	pondence concerning this matter	to the following			
Shalanda Smith					
	(	Name of Contact	Person)		
Women on The Rise	Inc. II				
		(Firm/ Compa	my)		
P.O. Box					
	•	(Address)			
Cocoa, Fl. 32923					
	(	City/ State and Zi	p Code)		_
womenevolvinginc@	gmail.com				
<del></del>	E-mail address; (to be used	for luture annual i	eport notification	1)	_
For further information	concerning this matter, please c	all:			
Shalanda Smith			321 at	321-636-7689	
	(Name of Contact Person)			(Daytime Telephone Number)	_
Enclosed is a check for	the following amount made pay	able to the Florid	a Department of	State:	
□ \$35 Filing	Fee □\$43.75 Filing Fee & ■ Certificate of Status		Certif c is — Certif	O Filing Fee icate of Status ied Copy fional Copy is used)	
	ing Address ndment Section		Street Address Amendment Scott	AND	
Divi	ion of Corporations		Invision of Corpa		
	Box 6327		Lifton Building		
Falla	hassee, FL 32314		2661 Executive C Fallahassee, FL 3		

## Articles of Amendment to Articles of Incorporation of

Women on The Rise	e Inc. II		
	(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
N81000007889			
	(Lixeument Numb	per of Corporation (if known)	·
	ons of section 617,1006, Florida Statute ticles of Incorporation:	es, this <i>Florida Not For Profit Corporation</i> ac	dopts the following
A. If amending name	, enter the new name of the corporat	ion:	
Women Evolving, In	<b>2</b> .		The new
	shable and contain the word "corpora nay not be used in the name.	tion" or "incorporated" or the abbreviation	
B. <u>Enter new princip</u> ( <i>Principal office addre</i>	al office address, if applicable: ss <u>MUST BE A STREET ADDRESS</u>	N/A 	
	g address, if applicable: <u>IAY BE A POST OFFICE BOX</u> (	N/A	19 MAY SECRE
			-7 AH 9:
		ce address in Florida, enter the name of the	9: 38
-	ent and/or the new registered office a N/A r of New Registered Agent:	<u>aldress:</u>	⇒ · · · · · · · · · · · · · · · · · · ·
	: Registered Office Address:	rFlorida street "Adressi	
		, Florida	
		(City) (Zip)	'ode'i
	t's Signature, if changing Registered ointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the p	osition.
	S	ignature of New Registered Agent, if changing	ζ

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>∨</u> <u>Mik</u>	<u>r Doe</u> e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			SECREI FALL ABA
2) Change Add Remove 3.) Change Add Remove			AV -7 AM 9: 38 ETARY UF STATE HASSET, FLORIDA
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			
-		Dura 2 af 1	<del></del>

E. If amending or ad (attach additional s	ding additional Articles, enter change(s) here: neets, if necessary).— (Be specific)				
The Specific Purpos	e for which this corporation is organized is:				
To Empower, inspire	Empower, inspire, and educate women and girls in underserved communities reach their full potential by				
offering resources for	ffering resources for encouragement, enlightenment, and networking.				
-					
	The same of the sa				
	EURL Lape				
	ASS SEE				
<del></del>	AM 9: 38				
	DA B				

The date of each ame late this document wa		, if other than the
ane this document was	4/15/2019	
Effective date <u>if appl</u>		
	010 more than 90 days after amendment file dates	
Note: If the date inser- document's effective o	ed in this block does not meet the applicable statutory filing requirements, this date will no ite on the Department of State's records.	t be listed as the
Adoption of Amendn	ent(s) ( <u>CHECK ONE</u> )	
The amendment(s was/were sufficie	) was/were adopted by the members and the number of votes cast for the amendment(s) in for approval.	
There are no men adopted by the be	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.	
Dated	4/30/2019	
Signatur	(By the chairman or vice chairman of the band 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)	
	Shalanda Smith	
·	Silalanda Siniti	
	(Typed or printed name of person signing)	
		9 3
	CEO HE	¥ 71
	(Title of person signing)	-7 AM
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