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COVER LETTER

TO: Amendment Section Division of Corporations

RISING STAR NAME OF CORPORATION:	WORLD FOUNDATIO	ON CORP	
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following	:	
RODNEY RETT			
	(Name of Contact	Person)	
RISING STAR WORLD FOUNDATION COR	P		
	(Firm/ Comp	any)	
1077 PONCE DE LEON BOULEVARD			
	(Address))	
CORAL GABLES, FL 33134			
	(City/ State and Z	ip Code)	
rodney@arthurmurray.com			
E-mail address: (to b	e used for future annual	report notification	on)
For further information concerning this matter,	please call:		
RODNEY RETT		305	445-9645
(Name of Contact)	erson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Flori	da Department o	f State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fe Certificate of St	ee & \$\Bigsiz\$\$ \$\Bigsiz\$\$ \$\text{S43.75 Filing F}\$ \$\text{Certified Copy}\$ \$\text{(Additional copenclosed)}\$\$	Certi oy is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is losed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

RISING STAR WORLD FOUNDATION CORP

(Name of Corporation as currently filed with the Florid	da Dept. of State)		
N0000003639			
(Document Nu	imber of Corporation (if kr	nown)	
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the follo	owing
A. If amending name, enter the new name of the corpo	oration:		
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated	" or the abbreviation "Corp." or "I	nc."
B. Enter new principal office address, if applicable:			<u>~3</u>
(Principal office address MUST BE A STREET ADDRE	<u>:SS</u>)	****	20
		T.S. C.	<u> </u>
		7.41 (20.1	1/2 20
		77.	0
C. Enter new mailing address, if applicable:		·*1.	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<u> </u>	
			175
			an an
D. If amending the registered agent and/or registered	office address in Florida,	enter the name of the	
new registered agent and/or the new registered offi	ce address:		
Name of New Registered Agent:			
	(1.7)	orado etrast addreses	
New Registered Office Address:	(1)	orted street teatressy	
<u> </u>	Ation: The new ration" or "incorporated" or the abbreviation "Corp." or "Inc." Solution: Clice address in Florida, enter the name of the address: (Florida street address) (City) (Zip Code) (City) (Zip Code)		
	n	Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I ar	red Agent: n familiar with and accept	the obligations of the position.	
	Signature of New Regist	ered Agent, if changing	

and address of each Offic (Attach additional sheets, Please note the officer/dir P = President; V = Vice F	icer and/o if necessa- ector title resident; Chief Fi	e by the first letter of the office title: T= Treasurer; S= Secretary; D= Director; TR= 7 nancial Officer. If an officer/director holds more	Trustee; C = Chairman or Clerk; CEO = Chief
Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	ves the co	lowing manner. Currently John Doe is listed as the rporation, Sally Smith is named the V and S. These v Smith, SV as an Add.	ne PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT Ra Change.
Example: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	0 PH 2: 06
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	D	PHILIP S. MASTERS	1077 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
Remove 2) Change	<u>V</u>	WAYNE SMITH	1077 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
Remove 3)	ST	MINERVA MESA-PEREZ	1077 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addit (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	

_____ Add
_____ Remove

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

		
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		10 N. O.
Till I.a. Cook amendment/s) adoptions		if other than the
date this document was signed.		
Effective date if applicable:	more than 90 days after amendment file date)	<u> </u>
— (ne	more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date of State's records.	e will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendme	nt(s)

There are no men adopted by the be	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated	APRIL 16, 2020
Signatur	e
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	RODNEY RETT
	(Typed or printed name of person signing)
	Λ

Title of person signing)

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