## NZO 0000006517

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

RIGHTS 2 SI	UCCESS INC
N20000006817	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
WICOLA MCCARTHA	
	(Name of Contact Person)
RIGHTS 2 SUCCESS INC	
	(Firm/ Company)
1553 N HUDSON STREET	
	(Address)
ORLANDO, FL 32808	
	(City/ State and Zip Code)
RIGHTS2SUCCESS@GMAIL.COM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
WICOLA MCCARTHA	407 535-2868 at
(Name of Contact	Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount to	made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of \$	
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

**RIGHTS 2 SUCCESS INC** 

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N20000006817		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit C	orporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated" or the a	bbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>(RESS)</u>	
		20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	X)	
		(···
		name of the
D. If amending the registered agent and/or register		name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		
	(Florida street o	uddress)
New Registered Office Address:		
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obliga	ntions of the position.
	Signature of New Registered Agen	t, 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 D           V         Mike Jo           SV         Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) _x_ Change Add	<u>v</u>	TIMOTHY MOSSES	GROVELAND, FL 34736
Remove			
2) _x Change Add	<u>D</u>	LUCHUNNA HONOR	5510 HENRY BALCH COURT ORLANDO, FL 32810
Remove 3 ) × Change Add Remove	<u>T</u>	HEIDI HAYS	561 MAITLAND AVE ALTAMONTE SPRINGS, FL 3270
4) Change Add	<u>D</u>	MARY PITTS	P.O. BOX 616326 ORLANDO, FL 32861
Remove			
5) × Change Add	D	RUTHENA MOSSES	12425 HAMMOCK POINTE CIRC CLERMONT, FL 34711
Remove			
6) × Change Add	<u>D</u>	PAMELA MCCLARY	1340 BUBZY ROAD KINGSTREE SC. 29556
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
ARTICLE III - TO PRO	VIDE CAREER	AND EDUCATIONAL RESOURCES, TUT	ORING, MENTORING AND
COMMUNITY OUTRE	ACH. OUR GOA	L IS TO PROVIDE PROGRAMS THAT W	ILL PROMOTE AND PRESERVE
THE RIGHT 2 SUCCES	SS. WE WILL OP	ERATE AS A 501c3 ORGANIZATION.	
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The date of each amendment(s) adoption:	, it other than the
date this document was signed.	
Effective date if applicable:  (no more than 90 days after amendment)	
(no more than 90 days after amendmen	t file date)
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Note: If the date inserted in this block does not meet the applicable statutory filing	g requirements, this date will not be listed as the

<u>Note:</u> 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 cast for the amendment(s) was/were sufficient for approval.

adopted by the l	board of directors. $4/1/2020$
Signatu	(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) WICOLA MCCARTHA
	(Typed or printed name of person signing)