(Requ	estor's Name)
(Addr	ess)
(Addr	ess)
(City/:	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Docu	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ling Officer:

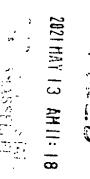




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COVER LETTER

TO: Amendment Section Division of Corporations A Just Man Rises Corporation NAME OF CORPORATION: N21000000477 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kanshasa T Downs (Name of Contact Person) A Just Man Rises Corporation (Firm/ Company) 6795 Water St (Address) Navarre FL 32566 (City/ State and Zip Code) downskt@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: K Tyrone Downs 760 500 4272 (Daytime Telephone Number) (Area Code) (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Enclosed)

Articles of Amendment Articles of Incorporation of

A Just Man Rises Corporation					
(Name of Corporation as currently filed with the	Florida D	ept. of State)			
A Just Man Rises Corporation N210000	0477			·	
(Docum	ent Numbe	r of Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida N</i>	ot For Profit Corpor	ation adopts the	following
A. If amending name, enter the new name of the	e corporati	on:			
Not Applicable					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorpo	orated" or the abbrev	viation "Corp." o	r "Inc."
B. Enter new principal office address, if applica	hle	Not Applicable		*** ***	阳阳
(Principal office address MUST BE A STREET A					1-14
					
				613 615	星
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	Not Applicable			HII: 10
D. If amending the registered agent and/or registered agent and/or the new registered			rida, enter the nam	e of the	
	Not Appli				
Name of New Registered Agent:					
			(Florida street address	s)	
New Registered Office Address:					
	Not Applie			Florida	.
		(City)		(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 Do V Mike Jo SV Sally Sr	ones	•
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	VP	Amber Staples	7484 Coppice Dr Midland GA 31820
_x Remove			Remove this person
2) Change Add	TR	Marcianne Irizarry	8244 Miranda st Navarre FL 32566
Remove 3)	TR	Anthony Johnson	Same address Currently Listed VP should be TR
4) _x _ Change Add	TR	Deandrea Downs	Same Address
Remove 5) Change Add	<u>PD</u>	Kanshsasa T Downs	Currently Listed VP shoud be TR 6795 Water St Navarre FL 32566
Remove 6) Change Add			Add this Person
E. If amending or addir (attach additional shee		i <u>cles, enter change(s) here</u> : (Be specific)	
·			

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	<u></u>
	
The date of each amendment(s) adoption: date this document was signed.	, if other than th
Effective date <u>if applicable</u> :	nore than 90 days after amendment file date)
(no n	nore than 90 days after amenament file date)
Note: If the date inserted in this block does not document's effective date on the Department of	t meet the applicable statutory filing requirements, this date will not be listed as the f State's records.
Adoption of Amendment(s) (CF	HECK ONE)
☐ The amendment(s) was/were adopted by the was/were sufficient for approval.	he members and the number of votes cast for the amendment(s)

ted by the bo	oard of directors.
Dated	May 1, 2021
Signatur	
	(By the chairman or vice chairman of the board, president or other officer-if director
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Kanshasa T Downs
	(Typed or printed name of person signing)
	Founder President Director

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were