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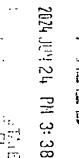
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COVER LETTER

Division of Corporations 4 Success Inc. NAME OF CORPORATION: _ 000001088 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: vel-Up 4 SUCCESS Inc NW 7th Ave MIAMI FL 33136
(City/State and Zin Code) Contact (a) level up to tor. Or 9
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person) at 305 319-1162
(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigcup \square \text{\$43.75 Filing Fee & \$\Bigcup \square \text{\$43.75 Filing Fee & Certified Copy}\$ □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Incorporation of

1001 110	01	lo c	
(Name of Corporation as cur	rently filed with the Florida Dept.	of State)	11_ED 124 PM 3:31
NO 10	11200010882		* IL ED
(Document Nu	imber of Corporation (if known)		124 DH -
			-, 14 3:31
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not For Profit</i> C	orporation adopts the following	SIATE
A. If amending name, enter the new name of the corpo	ration:		-
		The new	
name must be distinguishable and contain the word "corpo" (Company" or "Co." may not be used in the name.	oration" or "incorporated" or the o	abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>SS</u>)		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		e name of the	
Name of New Registered Agent:			
	(Florida street	address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agent. I an	n familiar with and accept the oblig	ations of the position.	
	Signature of New Registered Age	nt, if changing	
	G 2 G	÷ • • •	

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 <math>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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jon Sally Sm	nes				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s		
1) Change				 			
Add							
Remove							
2) Change		_		 			
Add							
Remove							
3) Change							
Add	-	_					
Remove						· -	
4) Change		_		 			
Add							
Remove						<u></u> _	
5) Change		_		 			
Add					.		
Remove							
6) Change							
Add						_ 	
Remove							

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

Soil organization is communed exclusively
Said organization is organized exclusively for charitable religious educational and Scientific purposes including for
and Scientific purposes including for
Such purposes the making of
distributions to organizations that
avality as exempt accordance
described under Section 501(c)(3) 0+
The Internal Revenue Code or
Corresponding Section of any future
federal tax Code.
Open dissolution of the organization assets. Shall be distributed for one or
assets shall be distributed for one or
more exempt purposes within the
meaning of section 501(c)(3) of the
Internal Revenue Code or corresponding
Section of any fixture federal government or to a state of local government for
or to a state of local government for
a public proposes
1010 0 C 11 1 Ho oc 00 10 10
form part of our Articles of Incorporation
torn part of our thinces of incorporation

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable: (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 document's effective date on the Department of State's records.	e listed as the
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.	
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated	
Signature (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) Representation of person signing (Typed or printed name of person signing)	
Ties colent (Title of person signing)	
` I 5 5'	