N21000007538

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PICK-UP	☐ WAIT	MAIL
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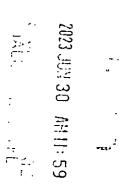
Office Use Only

6352. 6342. 1169-707.



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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RIESCPECT MY JONAME OF CORPORATION:	OURNEY INC		·
N21000007538 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat			
PAUL FRANSON			
	(Name of Contact Pe	erson)	<u></u>
LEDGERPLUS			
	(Firm/ Company	′)	
150 SOUTH UNIVERSITY DRIVE SUITE C			
	(Address)		
PLANTATION, FLORIDA33324			
-	(City/ State and Zip	Code)	
PFRANSON@LEDGERPLUSCPA.COM			
E-mail address: (to be use	d for future annual rep	ort notificatio	n)
For further information concerning this matter, pleas	e call:		
PAUL FRANSON	at	954	472-9144
(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida!	Department of	State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
<u>Mailing Address</u> Amendment Section Division of Corporations	An	reet Address nendment Sect vision of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



June 13, 2023

PAUL FRANSON 150 SOUTH UNIVERSITY DRIVE SUITE C PLANTATION, FL 33324

SUBJECT: RIESPECT MY JOURNEY, INC.

Ref. Number: N21000007538

We have received your document for RIESPECT MY JOURNEY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

(850) 245-6050**.** ੈ

Claretha Golden Regulatory Specialist II

Letter Number: 523A00013314



March 15, 2023

PAUL FRANSON 150 SOUTH UNIVERSITY DRIVE SUITE C PLANTATION, FL 33324

SUBJECT: RIESPECT MY JOURNEY, INC.

Ref. Number: N21000007538

We have received your document for RIESPECT MY JOURNEY, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 923A00006056

Claretha Golden Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of

r.	1	CCD'	בריווי	MV	101	IRNEY	INC
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RIESPECT MY JOURNEY INC		2022 1111 00	
(Name of Corporation as currently filed with the Florid	da Dept. of State)	2023 JUH 30	MIII: 59
N21000007538		*	
(Document Nu	imber of Corporation (if known)	7 (C. L.)	51
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit C	orporation adopts th	e following
A. If amending name, enter the new name of the corpo	oration:		
RIESPECT MY PURPOSE INC			The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE		bbreviation "Corp."	or "Inc."
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi-		name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	uldress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept the obliga	tions 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 Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addit (attach additional shee	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoptions date this document was signed.	·			, if other	than the
Effective date if applicable:					
(1	no more than 90 day	s after amendment	file date)		
Note: If the date inserted in this block does document's effective date on the Departmen	not meet the applicant of State's records.	able statutory filing	g requirements, thi	s date will not be listed a	is the
Adoption of Amendment(s)	(CHECK ONE)				

 \blacksquare The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s)

was/were sufficient for approval.

Dated 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) MARIE D SMITH (Typed or printed name of person signing)