N24600001866

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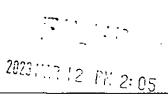
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	: PHOENIXRISE M	IENTORING INC.		
DOCUMENT NUMBER: N2	4000001866			
The enclosed Articles of Amen		bmitted for filing.		
Please return all correspondence	e concerning this ma	tter to the following:		
ALBER	ALBERT CAMPBELL III			
		Name of Contact Person		
		Firm/ Company		
351 NW	201ST STREET			
		Address		
MIAMI	FL 33169			
 -		City/ State and Zip Code		
PHOEN	IXRISEMENTORIN	GINC@GMAIL.COM		
E-n	nail address: (to be us	sed for future annual report	notification)	
For further information concern	ning this matter, pleas	se call:		
ALBERT CAMPBELL III		786 at (858-2283	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	urtment of State:	
	43.75 Filing Fee & ertificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



PHOENIXRISE MENTORING INC.

	- 11, 2.05
(Name of Corporation as c	currently filed with the Florida Dept. of State)
N24000001866	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute ts Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the corporat	ttion:
	The new
	tion," "company," or "incorporated" or the abbreviation "Corp.," 'Co". A professional corporation name must contain the word n "P.A."
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>	<u> </u>
Finter new mailing address if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
). If amending the registered agent and/or registered offi	fice address in Florida, enter the name of the
new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Fle	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:
hereby accept the appointment as registered agent. I am fai	amiliar with and accept the obligations of the position.
Signature of	of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

ttach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
-	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amed (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(g not approcable, material time)	
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·

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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	<u>PT</u> <u>John I</u>	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	TREA	CAMPBELL, CORENTHIA	351 NW 201ST STREET
Add			MIAMI, FL 33169
X Remove			
2) Change	SEC	CAMPBELL, KATREVIA	351 NW 201ST STREET
Add			MIAMI, FL 33169
X Remove 3) Change	SEC	ALBERT CAMPBELL III	20535 NW 2ND AVE MIAMI, FL 33169
Add Add			
Remove 4) Change	TREA	ALBERT CAMPBELL III	20535 NW 2ND AVE
X Add			MIAMI, FL 33169
Remove 5) Change X	EXEC D	ALBERT CAMPBELL III	20535 NW 2ND AVE MIAMI, FL 33169
Add Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment		, if other than th
ate this document was signed	03/04/2024	
ffective date if applicable:	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements. ne Department of State's records.	, this date will not be listed as th
doption of Amendment(s)	(CHECK ONE)	`
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without sharehol	der action and shareholder
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amerere sufficient for approval.	ndment(s)
must be separately provide	e approved by the shareholders through voting groups. The following d for each voting group entitled to vote separately on the amendment	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated	2/4/24 West Campbell It	
(B se	y a director, president or other officer – if directors or officers have no elected, by an incorporator – if in the hands of a receiver, trustee, or ot pointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	