N24000006652

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JUL 16 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

HELPING ORGANI NAME OF CORPORATION:	ZE PEOPLE EVERY	YWHERE, INC	2.
N24000006652 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subr	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
ELIZABETH HARRISON			
	(Name of Contact Pe	erson)	
SARASOTA HOME ORGANIZER			
	(Firm/ Company	·)	
614 RAWLS AVE			
	(Address)		
SARASOTA, FL 34236			
	(City/ State and Zip (Code)	
ELIZABETH@ORGANIZESRQ.COM			
E-mail address: (to be used	for future annual rep	ort notification	n)
For further information concerning this matter, please	call:		
ELIZABETH HARRISON	31	941	735-1119
(Name of Contact Person)			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	yable to the Florida I	Department of	State:
■ \$35 Filing Fee □S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certifi S Certifi	O Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Address Amendment Section		eet Address nendment Secti	on _

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

Ar	ticles of Incorporation		29
HELDING OBCANIZE BEODLE CUEDANIZEDE ANG	of		وټم محصر اسا
HELPING ORGANIZE PEOPLE EVERYWHERE, INC			
(Name of Corporation as currently filed with the Flor	ida Dept. of State)		\(\frac{1}{2}\)\(\fr
N24000006652			<u> </u>
(Document N	umber of Corporation (f known)	<u></u> : -
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	natutes, this <i>Florida Not</i>	For Profit Corporation adopts t	he following
A. If amending name, enter the new name of the corp	oration:		
PROJECT ORGANIZE, INC.			The new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	poration" or "incorpore	ited" or the abbreviation "Corp.	
-	N/A		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)		
	·		_
C. Enter new mailing address, if applicable:	N/A		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	•		
		_	_
		_	
D. If amending the registered agent and/or registered	office address in Flori	da, enter the name of the	
new registered agent and/or the new registered off	ice address:		
Name of New Registered Agent: N/A			
	·		
		(Florida street address)	
New Registered Office Address:		11 tortuu sireet aaaressy	
	(City)	, Florida, Zip Code)	
	(e.i.j)	(Esp Couc)	
New Registered Agent's Signature, if changing Register	ered Agent:		
hereby accept the appointment as registered agent. I a	m familiar with and acc	ept the obligations of the position	1.
۱۱ م	A		
<u>N</u> 1	[]	gistered Agent, if changing	
	 Signature of New Reg 	istered Agent, 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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	nes	NA	-	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	ľ		Address
1) Change Add		_				
Remove						
2) Change Add		_				
Remove 3) Remove Add Remove		-				
4) Change Add		_		·		
Remove						
5) Change Add		_				
Remove						<u> </u>
6) Change Add		_				
Remove					_	
E. If amending or addin (attach additional shee	g addition	onal Artic essary).	cles, enter char (Be specific)	nge(s) here:		
- 1	X					
10/1	'			.		
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The date of each amendment(s) adopt	ion:	_, if other than the
date this document was signed.		
Effective date if applicables	(no more than 90 days after amendment file date)	
Lifective date il applicable.	(no more than 40 days after amendment file date)	
	(no more than so days after amenament five date)	
Note: If the date inserted in this block of document's effective date on the Depart	loes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt	ad by the members and the number of sector and for the sector and	
was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	

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

adopted by the board of directors.