N97000003871

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Upward Creativity Expression, Inc.

DOCUMENT NUMBER: N97000003871

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Lillian Smith
(Name of Contact Person)

(Firm/ Company)

10839 Kirkwall Port Dr.
(Address)

Wimauma, FL 33598
(City/ State and Zip Code)

upwardcreativityexpression@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lillian Smith at 850 264-2773
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made 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 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

Street Address
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

Upward Creativity Expression, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N97000003871

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "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 ADDRESS)

10839 Kirkwall Port Dr.
Wimauma, FL 33598

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10839 Kirkwall Port Dr.
Wimauma, FL 33598

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: Dr. Lillian Smith

10839 Kirkwall Port Dr.
(Florida street address)

New Registered Office Address:

Wimauma, Florida 33598
(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.

Signature of New Registered 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) X Change	CEOPD	DR. LILLIAN L. SMITH	10839 KIRKWALL PORT DR.
____ Add			WIMAUMA, FL 33598
____ Remove			
2) X Change	CFOVD	DR. INDIA SMITH	10839 KIRKWALL PORT DR.
X Add			WIMAUMA, FL 33598
____ Remove			
3) ____ Change	CS	DONALD R. SMITH, II	5720 FOXBRIDGE WAY
X Add			TALLAHASSEE, FL 32317
____ Remove			
4) ____ Change	CT	MICAH SMITH	6329 SE BABB RD
X Add			BELLEVIEW, FL 34420
____ Remove			
5) X Change	TR	BENITA SMITH	6329 SE BABB RD
____ Add			BELLEVIEW, FL 34420
____ Remove			
6) X Change	TR	DONALD SMITH, SR.	6329 SE BABB RD
____ Add			BELLEVIEW, FL
____ Remove			

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

REMOVE DONALD SMITH, SR FROM PRESIDENT AND DIRECTOR

REMOVE BENITA SMITH FROM TREASURER AND DIRECTOR

REMOVE LILLIAN SMITH FROM SECRETARY

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 listed as the document's effective date on the Department of State's records.

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 SEPTEMBER 4, 2023

Signature Benita Smith

(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)

Benita Smith

(Typed or printed name of person signing)

Director, Treasurer

(Title of person signing)