## P1300087525

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ation: Rise (OV	iculting gra	oup Corp
DOCUMENT NUMBER: <u>P13000087575</u>			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing,	
Please return all corresp	oondence concerning this mat	ter to the following:	
-	Havia T. Azer	elo	
	2	Name of Contact Persor	1
RISE (CHSUlding Ovous Corp Firm/ Company			
9300 NW 253f StE 109 Address			
		Address	
	Doraf FL	33/7z	
-		City/ State and Zip Code	•
E-mail address: (to be used for father annual report notification)			
For further information concerning this matter, please call:			
Hario T. A	Zerewio	at (305	418-1585
Name o	f Contact Person	Area Co	de & 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)
	ing Address indment Section		Address Innent Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

fise consulting group lovp.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P13000087575	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	9300 NW 755+ 216109
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	00rcf FL 33172
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9300 NW 75 St St 6 109 Doral FL 3317Z
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres  Name of New Registered Agent	
	ច ក្រ
(Florida st	reet address)
New Registered Office Address:	ب يا
THE MERCHEN OFFICE PHANTESS.	(City) (Kip Code) 53
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	(City) (Tip Code) (Tip
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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		Haria T. Hzereclo	7811 NW 107 C+
Add			Dovai FL 33/72
<u>X</u> Remove			
2) Change		pse Augusto DA Silva Ferreira	1185W south River Dr Hiami FZ 33130
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del>- · · · · · · · · · · · · · · · · · · ·</del>		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
the following is to confirm theeting held on July 6,2017 in
Unich share helde Havia T. Azerealo gasses on to
shares end only owner (fixe corporation.
shares. Living jose Humusto Dasilva ferrein ouner of
all shares and only owner (file corporation.
To the second
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after an	iendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of vorby the shareholders was/were sufficient for approval.	es cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gromust be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharel action was not required.	older action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholde action was not required.  Dated C7/06/17  Signature Signature Avanta on Silva Feet	IAA.
(By a director) president or other officer – if director selected, by an incorporator – if in the hands of a re appointed (iduciary by that tiduciary)	
JOSE HUGUSTO Da (Typed or printed name of person	sila ferreira
(Typed or printed name of person	signing)
OVE SICKELL	

(Title of person signing)