P18000 43379

(Red	questor's Name)			
(Add	fress)			
(Add	dress)			
(City	/State/Zip/Phone	> #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



100314366851

08/18/18--01031--022 ++35.00

FILED
2018 JUN 18 P 3 52
SECRETARY LIFE STATE.

JUN 2 0 2013



COVER LETTER

ŭ

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	
P180000/43379 DOCUMENT NUMBER:	
DOCUMENT NUMBER.	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Pedro Jimenez, Jr	
(Name of	Contact Person)
(Firm	n/ Company)
4742 Tropicana Ave.	
1.	Address)
Ft Lauderdale, Ft. 33330	
(City/ Sta	te and Zip Code)
odiglez@gmail.com	
E-mail address: (to be used for future	annual report notification)
for further information concerning this matter, please call:	
Odisa Gonzalez CPA, PA	305 332-7118
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the	ne Florida Department of State:
	ed Copy Certificate of Status onal copy is Certified Copy

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

The Promise Way Inc		2019 1111 10 5 7 7	
(Name of Corporation as	currently filed with the Florida	Dept. of State)	
P18000043379		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
(Document	Number of Corporation (if knows	n) JALLAHASSEE, FLORIDA	
Pursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Pro	ofit Corporation adopts the following	
A. If amending name, enter the new name of the cor	poration:		
1 Promise Inc		The new	
name must be distinguishable and contain the word "co "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 ADD.			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		er the name of the	
Name of New Registered Agent:			
<u>New Registered Office Address</u> :	(Florida	(Florida street address)	
		. Florida	
_	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and accept the	obligations of the position.	
	Signature of New Registered	d Agent, if changing	

The	date of each amendment(s) ado	ption:	, if other than the
	this document was signed.		
Effe	ctive date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	E: If the date inserted in this block innent's effective date on the Department.	c does not meet the applicable statutory filing requirements, this date will not artment of State's records.	be listed as the
Ade	ption of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes east for the amendment(s)	
	There are no members or member adopted by the board of director	rs entitled to vote on the amendment(s). The amendment(s) was/were s.	
	Dated 05/23/2018		
	have not beer	nan or vice chairman of the board, president or other officer-if directors is selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	_
	Pedro Jim	enez Jr	
		(Typed or printed name of person signing)	
	President		
		(Title of person signing)	