# 747624

(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phone	= #)
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PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Caracal Land		
Special Instructions to Fi	ling Officer:	
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## COVER LETTER

TO: Amendment Section Division of Corporations			,	
NAME OF CORPORATIO		ANCIAL TRAINING S	SOUTHEAST	TERN, INC (CFTSE)
DOCUMENT NUMBER: _	17624			
The enclosed Articles of Ame	ndment and fee are sub	mitted for filing.		
Please return all corresponden	ce concerning this matt	ter to the following:		
CONNIE LAGUNA				
,		(Name of Contact Per	son)	
CENTER FOR FINANCIAL	TRAINING INTERNA	ATIONAL, INC. (CFTI	NTL)	
-		(Firm/ Company)		
245 NE 4TH STREET, ROOF	M 3704-10			
		(Address)		W-11-1
MIAMI, FL 33132				
		(City/ State and Zip C	ode)	
CLAGUNA@MDC.EDU				
E-1	nail address: (to be used	d for future annual repo	rt notification	n)
For further information conce	ming this matter, please	e cail:		
CONNIE LAGUNA		at	305	237-3051
(?	same of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fol	lowing amount made p	ayable to the Florida D	epartment of	State:
□ \$35 Filing Fee 3	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations The Centre of Tallahassee

### Articles of Amendment to Articles of Incorporation of

A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15	71.70	-20 -	9. EA
ame of Corporation as currently filed with the Florid	a Dept. of State)	£2.20,	. 40 -	2: 52
47624				
(Document Nur	nber of Corporation (if kn	iown)		
rsuant to the provisions of section 617.1006, Florida Stathendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fo</i>	r Profit Corporati	ion adopts th	ie followir
If amending name, enter the new name of the corpor	ration:			
ENTER FOR FINANCIAL TRAINING INTERNATION	(AL, INC. (CFTINTL)			The nev
me must be distinguishable and contain the word "corpo	ration" or "incorporated	" or the abbrevia	tion "Corp."	
ompany" or "Co." may not be used in the name.	<b>.</b>			
Enter new principal office address, if applicable:	N/A			
rincipal office address <u>MUST BE A STREET ADDRES</u>	<u>is</u> )			
				_
Enter new mailing address, if applicable:	N/A			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )				
If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, e address:	enter the name o	of the	
Ν//Δ	<del></del>			
Name of New Registered Agent:				
	494	orida street address)		
New Registered Office Address:	(FR.	orua sireei aauressi		
N/A		T. I.	orida	
	(City)		Zip Code)	
			•	
w Registered Agent's Signature, if changing Registers ereby accept the appointment as registered agent. I am	ed Agent: familiar with and accent:	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 X Remove X Add	PT V SV	John De Mike Jo Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add		<del>-</del>	<u>N/A</u>	
Remove				
2) Change Add		_		
Remove		_		
4) Change Add		_		
Remove				
5) Change Add		_		
Remove				<u></u>
6) Change Add		_		
E. If amending or additional shee			Page 2 of 4  icles, enter change(s) here:  (Be specific)	
ONLY NAME CHANGE	E: CENT	ER FOR	FINANCIAL TRAINING INTERNATION	NAL, INC. (CFTINTL)

			<del>.</del>	
			_	
				<del> </del>
		Page 3 of 4		
The date of each amendment date this document was signed	(s) adoption: 2/24/2020			if other than th
Effective date if applicable:	2/29/2020			
meetive date it applicable.	(no more than	n 90 days after amendm	ent file date)	
Note: If the date inserted in the document's effective date on t	is block does not meet the he Department of State's	e applicable statutory fi records.	ling requirements, this	date will not be listed as the

(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.

Adoption of 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.						
Dated	2/24/2020						
Signature							
•	(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)						
	GLADYS REED						
	(Typed or printed name of person signing)						
	CHAIRMAN & DIRECTOR						

(Title of person signing)