## N16000007218

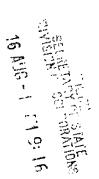
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## **COVER LETTER**

TO: Amendment Section Division of Corporations Learning In america International NAME OF CORPORATION: N16000007218 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Learning In America
(Firm/Company) 221 Columbia Dr #245
(Address) Cape Canaveral, F1 32920 (City/State and Zip Code) noelewells egmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Noel E. Well 5
(Name of Contact Person) at 321 279 - 6110

(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$\Bigsup \$43.75 Filing Fee & B\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address

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**

Articles of Incorporation America. (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: Florida (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 X.Remove X.Add	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jor Sally Sm	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3 ) Change		_		
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Remove				
4) Change		_		
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Remove				
5) Change		_		
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6) Change		_		
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f amending or adding additional Art attach additional sheets, if necessary).	(Be specific)				
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The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable: 7-26-16  (no more than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's red	applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	E)
☐ The amendment(s) was/were adopted by the member was/were sufficient for approval.	s and the number of votes cast for the amendment(s)
There are no members or members entitled to vote or adopted by the board of directors.	
Dated $\frac{7/28/16}{2000}$ Signature $\frac{7/28/16}{2000}$	<del></del>
Signature $\mathcal{N}_{\mathcal{E}}$ .	Weels
(B) the chairman of vice chairman	orporator – if in the hands of a receiver, trustee, or
Noel E	Wells
(Typed	or printed name of person signing)
Presid	Title of person signing)
	(Title of person signing)