

## P01000013319

| (Re                     | equestor's Name)   |           |
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| (Ad                     | ldress)            |           |
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| (Cit                    | ty/State/Zip/Phone | e #)      |
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| (Bu                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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## **COVER LETTER**

| TO: Amendment Secti  Division of Corpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                          | 35.                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| NAME OF CORPORATION: Florida Educational Leadership Council, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                          |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| The enclosed Articles of Amendment and fee are submitted for filing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                          |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Please return all correspondence concerning this matter to the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                          |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| romalley@adame_adamelaw.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                          |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| For further information Robert M. O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | E-mail address: (to be use<br>on concerning this matter, pleas<br>b'Malley, Esq.                                                                                                         | e call:  at (305  Area Coo                                                                                                                        | 455-6427 de & Daytime Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| For further information  Robert M. O  Name  Enclosed is a check of the state of the | E-mail address: (to be use on concerning this matter, please of Malley, Esq. e of Contact Person for the following amount made page 1843.75 Filing Fee &                                 | e call:  at (305  Area Coopayable to the Florida Depa  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)                          | 455-6427  de & Daytime Telephone Number  rtment of State:  \$\sum_{\text{\$\sum_{\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitil{\$\text{\$\tex{\$\text{\$\text{\$\text{\$\}\$}}}\$}}}\$}}}}}}}}}}}}}}}}}}}}}}}}}} |
| For further information  Robert M. O  Name  Enclosed is a check of the state of the | E-mail address: (to be use on concerning this matter, please of Malley, Esq. e of Contact Person for the following amount made participates of Status  [ailing Address mendment Section] | e call: at (305 Area Coopayable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$  Street Amend            | de & Daytime Telephone Number  rtment of State:  \$\inspec \text{S52.50 Filing Fee} \text{Certificate of Status} \text{Certified Copy} \text{(Additional Copy} \text{ is enclosed)}  \$\frac{Address}{Address} \text{Iment Section}\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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Tallahassee, FL 32301

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

Florida Educational Leadership Council, Inc.

| (Name of Corneration as currently | filed with the Florida Dept. of State |
|-----------------------------------|---------------------------------------|
| (Name of Corporation as cuffering | nica with the Figure Dept. of State   |

nt(s) to

| P07000013319                                                                                                                |                              |                              | •                                                | 1       |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|--------------------------------------------------|---------|
| (Documen                                                                                                                    | t Number of Corporation (    | (if known)                   | <del>(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> |         |
| Pursuant to the provisions of section 607, its Articles of Incorporation:                                                   | 1006, Florida Statutes, this | s Florida Profit Corporation | n adopts the following                           | amendme |
| A. If amending name, enter the new na                                                                                       | me of the corporation:       |                              |                                                  |         |
| name must be distinguishable and cont<br>"Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa | ation "Corp," "Inc," or      | "Co". A professional corp    | orporated" or the abb                            |         |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)                   |                              | 75 N. Royal Po               | oinciana Blvd.                                   |         |
|                                                                                                                             |                              | Miami Springs                | s, FL 33316                                      |         |
|                                                                                                                             |                              |                              |                                                  |         |
| C. Enter new mailing address, if appli<br>(Mailing address MAY BE A POST)                                                   | cable:<br>OFFICE BOX)        | 75 N. Royal Po               | oinciana Blvd.                                   |         |
| •                                                                                                                           |                              | Miami Springs                | s, FL 33316                                      |         |
|                                                                                                                             |                              |                              |                                                  |         |
| D. If amending the registered agent an new registered agent and/or the new                                                  |                              |                              | name of the                                      |         |
| Name of New Registered Agent                                                                                                | Pohert M. O'Malley, Esg.     |                              |                                                  | •       |
|                                                                                                                             | 155 South Miami Avenu        | ue, 9th Floor Justice Build  | ing                                              |         |
| •                                                                                                                           | ·                            | treet address)               |                                                  |         |
| New Registered Office Address:                                                                                              | Miami                        | , Flor                       | ida 33130                                        |         |
|                                                                                                                             | (Cit)                        | "                            | (Zip Code)                                       |         |
|                                                                                                                             |                              |                              |                                                  |         |
| New Registered Agent's Signature, if cl<br>I hereby accept the appointment as regist                                        |                              |                              | tions of the position.                           |         |
|                                                                                                                             | 11/1                         |                              |                                                  | •       |
| Siz                                                                                                                         | gnature of New Registerea    | Agent, if changing           | <del> </del>                                     |         |

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> <u>J</u> | John Doe         |                            |
|-------------------------------|--------------------|------------------|----------------------------|
| X Remove                      | <u>v</u>           | Mike Jones       |                            |
| X Add                         | <u>sv</u> §        | Sally Smith      |                            |
| Type of Action<br>(Check One) | Title              | Name             | <u>Addres</u> s            |
| 1) Change                     |                    | Ferrer, Maria R. | 75 N. Royal Poinciana Blvd |
| Add                           |                    |                  | Miami Springs, FL 33316    |
| Remove                        |                    |                  |                            |
| 2) X Change                   | D                  | Rizo, Alex       | 19021 Merion Point Road    |
| Add                           |                    |                  | Miami, FL 33015            |
| Remove                        |                    | ·                | ,                          |
| 3) X Change                   | D                  | Riera, Manuel    | 75 N. Royal Poinciana Blvd |
| Add                           | ,                  |                  | Miami Springs, FL 33316    |
| Remove                        | •                  |                  |                            |
| 4) Change                     | D                  | Ferrer, Manuel   | 75 N. Royal Poinciana Blvd |
| Add                           |                    |                  | Miami Springs, FL 33316    |
| Remove                        |                    |                  |                            |
| 5) Charas                     |                    |                  |                            |
| 5) Change                     |                    | <del> </del>     |                            |
| Add                           |                    |                  |                            |
| Remove                        |                    |                  |                            |
| 6) Change                     | .——                |                  |                            |
| Add                           |                    |                  |                            |
| Remove                        |                    |                  |                            |

|                             | ard of Directors, Maria Ferrer is no longer an Officer or employee of Florida Educational Leadership Council, In                                                    |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ursuant to a vote of the Br | oard of Directors, the titles of President, COO, CAO and CCO are changed to D for the three shareholder                                                             |
|                             |                                                                                                                                                                     |
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| <del>,</del>                |                                                                                                                                                                     |
|                             |                                                                                                                                                                     |
|                             | ,                                                                                                                                                                   |
| . If an amendment p         | rovides for an exchange, reclassification, or cancellation of issued shares,                                                                                        |
| provisions for imp          | rovides for an exchange, reclassification, or cancellation of issued shares, olementing the amendment if not contained in the amendment itself:                     |
| provisions for imp          | rovides for an exchange, reclassification, or cancellation of issued shares, elementing the amendment if not contained in the amendment itself:  ble, indicate N/A) |
| provisions for imp          | plementing the amendment if not contained in the amendment itself:                                                                                                  |
| provisions for imp          | plementing the amendment if not contained in the amendment itself:                                                                                                  |
| provisions for imp          | plementing the amendment if not contained in the amendment itself:                                                                                                  |
| provisions for imp          | plementing the amendment if not contained in the amendment itself:                                                                                                  |
| provisions for imp          | plementing the amendment if not contained in the amendment itself:                                                                                                  |
| provisions for imp          | plementing the amendment if not contained in the amendment itself:                                                                                                  |
| provisions for imp          | plementing the amendment if not contained in the amendment itself:                                                                                                  |
| provisions for imp          | plementing the amendment if not contained in the amendment itself:                                                                                                  |

| The date of each amendment(s) adoption: September 10, 2012                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Effective date if applicable:                                                | (no more than 90 days after amendment file date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| Adoption of Amendment(s)                                                     | (CHECK ONE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient | the shareholders. The number of votes cast for the amendment(s) for approval.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|                                                                              | by the shareholders through voting groups. The following statement of the |  |
| "The number of votes cast for the a                                          | amendment(s) was/were sufficient for approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| by                                                                           | (voting group)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| ☐ The amendment(s) was/were adopted by action was not required.              | the board of directors without shareholder action and shareholder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| ☐ The amendment(s) was/were adopted by action was not required.              | the incorporators without shareholder action and shareholder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Dated 9/25/15                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| selected, by an                                                              | president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Alex                                                                         | Rizo, Jr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                                                              | (Typed or printed name of person signing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|                                                                              | (Title of person signing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |