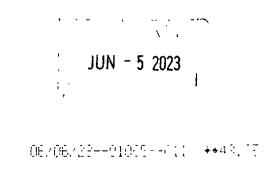
## N23000003223

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S. ROBERTS JUL 2 & 2023 TO: Amendment Section **Division of Corporations** Lovewell, Inc. NAME OF CORPORATION: N23000003223 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Chad Lovewell (Name of Contact Person) Teach Memory, Inc. (Firm/ Company) 470 S. Lime Ave. (Address) Sarasota, FL 34237 (City/ State and Zip Code) lovewellchad@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chad Lovewell 941 320-2587 (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## to Articles of Incorporation of

(Name of Corporation as currently filed with the FI	orida Dept. of State)	
Lovewell Corporation		
(Document	Number of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
Teach Memory, Inc.		The new
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated	I" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
		7970
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X</u> )	1 (.;
		2
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	·	2
D. If amending the registered agent and/or register new registered agent and/or the new registered of the new registered agent.		enter the name of the
new registered agent anabor the new registered	office address.	
Name of New Registered Agent:		
New Registered Office Address:	(FI	orida street address)
New Negspiereu Office Address.		
	(City)	, Florida (Zip Code)
	(Cuy)	(Lip Code)
New Registered Agent's Signature, if changing Reg		ah - ahli-aki-us -fah- us-isi-u
I hereby accept the appointment as registered agent.	i am jamiliar wiin ana accept	the obligations of the position.
	Signature of New Regist	ered Agent, if changing

## 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 Jo Sally Sr	ones en	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change Add		-		
Remove				
2) Change Add		-		
Remove 3) Remove — Add — Remove		-		
4) Change Add		-		
Remove				
5) Change Add		-		
Remove				
6) Change Add		-		
Remove				
E. If amending or addin (attach additional shee	g additio	nal Arti ssary).	cles, enter change(s) here: (Be specific)	<u>.</u>
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	date of each amendment(s) add this document was signed.	pption:	, if other than the
Effe	ctive date if applicable:		
		(no more than 90 days after amendment file date)	
	: If the date inserted in this block ment's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date wil artment of State's records.	l not be listed as the
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s).	1

adopted by the board of directors.

Dated	05.30.23
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)
	Chad Jonas Lovewell
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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