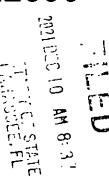
F17000002672

(R	(equestor's Name)	
(A	ddress)	
(A	ddiess)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	usiness Entity Name)	
(C	Ocument Number)	
Certified Copies	Centificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 159765 7988697
AUTHORIZATION : Spelle rade
COST LIMIT : \$35.00
ORDER DATE : October 22, 2021
ORDER TIME : 9:25 AM
ORDER NO. : 159765-065
CUSTOMER NO: 7988697
FOREIGN FILINGS
NAME: NATIONAL OLDER WORKER CAREER CENTER, INC.
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

NOT FOR PROFIT CORPORATION APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA (Pursuant to s. 617.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

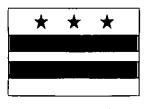
F170000026	372
(Doci	ument Number of Corporation (If known)
National Older Worker Career Center, Inc.	
(Name of corporation	as it appears on the records of the Department of State)
2. DC	3. 09/28/2006
(Incorporated under laws of)	(Date authorized to conduct affairs in Florida)
	SECTION II
(4-8 COMP)	LETE ONLY THE APPLICABLE CHANGES)
4. If the amendment changes the name o	of the corporation, when was the change effected under the laws of its
jurisdiction of incorporation? 10/21/202	
Note: If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of S	
5. National Experienced Workforce Solutions	s, Inc.
(Name of corporation after the amendment, add if not contained in new name of the corporation corporation)	ling suffix "corporation," or "incorporated," or appropriate abbreviation, . "Company," or "Co.," may not be used as a corporate suffix by a nonprofit
If the amendment changes the period of effected.	f duration, indicate new period of duration and the date the change was
(New duration)	(Date)
 If the amendment changes the jurisdic was effected. 	etion of incorporation, indicate new jurisdiction and the date the change
(New jurisdiction)	(Date)
8. If the purpose which the corporation int	tends to pursue in Florida has changed, indicate new purpose.
	to pursue such purpose in the jurisdiction of its incorporation)
Attached is a certificate or document of 90 days prior to delivery of the application having custody of corporate records in the second seconds.	similar import, evidencing the amendment, authenticated not more than on to the Department of State, by the Secretary of State or other official he jurisdiction under the laws of which it is incorporated.
(Signature of the chairman if in the hands of a receiv	n or vice chairman of the board, president, or other officer – er, trustee, or other court-appointed fiduciary, by that fiduciary)
Cito Vanegas	President
(Typed or printed name of the person sign	gning) (Title of person signing)

(Typed or printed name of the person signing)

Initial File #: 963821

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code have been complied with and accordingly, this *CERTIFICATE OF AMENDMENT* is hereby issued to:

NATIONAL EXPERIENCED WORKFORCE SOLUTIONS, Inc.

Effective Date: 10/21/2021

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 10/21/2021 3:16 PM

CORARATION DAVISOR

Muriel Bowser Mayor

Tracking #: IMkknlAo

Business and Professional Licensing Administration

Josef Gr. Grasimor

JOSEF G. GASIMOV
Superintendent of Corporations,
Corporations Division

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



CERTIFICATE

THIS IS TO CERTIFY that the attached is a true and correct copy of the documents for this entity as shown by the records of this office.

NATIONAL EXPERIENCED WORKFORCE SOLUTIONS, Inc.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 12/9/2021 10:37 AM

CONCERNATION DAYS OF CORPORATION DAYS OF CORPO

Muriel Bowser Mayor

Tracking #: aXdjTCvG

Business and Professional Licensing Administration

Josef Gi Giasimov

JOSEF G. GASIMOV Superintendent of Corporations, Corporations Division