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#### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Compu-Med Vocational Careers, Corp.

# DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mayra Rodriguez

Name of Contact Person

Compu-Med Vocational Careers, Corp.

Firm/ Company

Hialeah, Florida 33012

City/ State and Zip Code

Address

mrodriguez@compumed.edu

2900 W12th Ave (3rd Floor)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Mayra Rodriguez
 at (305)
 \$88-9200

 Name of Contact Person
 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

🔳 - \$35 Filing Fee

□ \$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee

Street Address

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



Compu-Med Vocational Careers, Corp.

### (Name of Corporation as currently filed with the Florida Dept. of State)

L26453

(Document Number of Corporation (if known)

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Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

### A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

### B. <u>Enter new principal office address, if applicable:</u> (Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable: (Muiling 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:

Florida	I
(City)	(Zip Code)
Signature of New Registered Agent, if changing	~J
	(City) ( <b>Registered Agent:</b> ent. I am familiar with and accept the obligations of the p

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:

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(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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

#### Example: X Change

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<u>X</u> Change	<u>PT</u>	John Doe		
X Remove	$\underline{V}$	Mike Jones		
<u> </u>	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Address	
1) Change	VPS	Martha Sanjurjo	4851 S W 67TH AVE.	
Add			Miami, Florida	
<sup>-</sup> x Remove				
2) Change	CEO	Robert Bonds	10627 Falls Street	
XAdd			Wellington, Fl 33414	
Remove				
Add				
Remove				
4) Change			<u> </u>	
Add				
Remove				
51 Change				
Add				
Remove				
6) Change	<u> </u>			
Add				
Remove				

E.	If amending o	r adding	additional	Articles,	enter change(s	) here:

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(Attach additional sheets, if necessary), (Be specific)

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F If an annual month for the state of the state	
F. If an amendment provides for an exchange, reclassification, or ea	incellation of issued shares,
provisions for implementing the amandment if not contained in	the amondment itealf
provisions for implementing the amendment if not contained in	ing amenoment usen:
(if not applicable, indicate N/A)	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
6/15/2021	
Effective date <u>if applicable</u> :	

. .

(no more than 90 days after amendment file date)

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 State's records.

Adoption of Amendment(s) (CHECK ONE)

- E The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- □ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s);

"The number of votes cast for the amendment(s) was/were sufficient for approval

Owners bv (voting group)

Dated

Signature

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Mayra Rodriguez

(Typed or printed name of person signing)

President

(Title of person signing)