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COVER LETTER

TO: Amendment Section

Division of Corporations	,		
NAME OF CORPORATION: (EN-TAL FLUI	2:00 HILLIER EDUCATION ALL'AMILE		
DOCUMENT NUMBER: NOOOOO	006492		
The enclosed Articles of Amendment and fee are submitted for filing	2.		
Please return all correspondence concerning this matter to the follow	ing:		
Deanich Osso			
(Name of Cor			
NEUR SOUTHERSTON UN. VI	-751,r		
(Firm/ Co	ompany)		
4850 Minn Band			
(Addi	,		
On who FL 3283 (City/ State ar	<u>7</u>		
(City/ State ar	d Zip Code)		
E-mail address: (to be used for future ann			
E-mail address: (to be used for future ann	ual report notification)		
For further information concerning this matter, please call:			
Dennich Oss.	at 40.7 - 264 - 5632 (Area Code) (Daytime Telephone Number)		
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount made payable to the Fl	orida Department of State:		
■ \$35 Filing Fee ■ \$43.75 Filing Fee & □\$43.75 Filing Certificate of Status Certified Co (Additional enclosed)	opy Certificate of Status		
Mailing Address	Street Address Amendment Section		
Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	P.O. Box 6327 Clifton Building		
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Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

(Name of Corporation as cur	Milor Allynes Tre
(Name of Corporation as cur	rently filed with the Florida Dept. of State)
N00000006492	
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statementment(s) to its Articles of Incorporation:	ntutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)
	20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AL 191
(mulling unitess MAT BE AT 031 OF FICE BOX)	
	SS: 66 3
D. If amending the registered agent and/or registered of	office address in Florida, enter the name of the 📆 🧠 💸
new registered agent and/or the new registered office	ce address:
Name of New Registered Agent:	•
Nume of New Registered Agent.	
New Registered Office Address:	(Florida street address)
New Registered Office Address.	
	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register	rad Agant:
I hereby accept the appointment as registered agent. I am	
· · · · · · · · · · · · · · · · · · ·	
-	Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: \underline{X} Change \underline{X} Remove \underline{X} Add	PT John I V Mike SV Sally		
Type of Action (Check One)	Title	Name	Address
1) Change Add	<u>D</u>	Michan Homen Edo	ORMAGE FL 32527
X Remove	<u>VP</u>	MICHEUR CZIENIA	Chemic FC 32359
	CV	MALLIE KALLS	ORLAND. FL 335.7
4) Change Add	D 🛎	Risiere Monacient Serve Menn Monace	2505. LAWSHOR BUILD
Remove Change Add	<u>T</u>	James Decision	4512 Minor 1800
Remove Change Add Remove	5	1) much 6550	-55- 17716 - Best

f

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the ame was/were sufficient for approval.	endment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) validated by the board of directors.	vas/were
Dated \(\frac{\chi_{\chi\ti}{\chi_{\chi\ti}{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi\ti}{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi}\inttclemt\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi\ti}}\chi_{\chi_{\chi_{\chi_{\chi_{\chi_{\chi\ti}}\chi_{\chi_{\chi\tiny{\chi_{\chi_{\chi_{\chi_{\chi_{\chi}\inttilemt\chi_{\chi_{\chi\tiny{\chi_{\chi_{\chi_{\chi}\inttilemt\chi\tiny{\chi_{\chi\tiny{\chi_{\chi_{\chi_{\chi}\inttilemt\chi_{\chi_{\chi}\inttilemt\chi\tiny{\chi_{\chi}\inttilitilitilitilitilitilitilitilitilit	
Signature	
Signature (By the chairman or vice chairman of the board, president or other officer-if have not been selected, by an incorporator – if in the hands of a receiver, tr other court appointed fiduciary by that fiduciary)	directors rustee, or
Denniel Uss	
(Typed or printed name of person signing)	
Some	
(Title of person signing)	