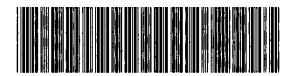
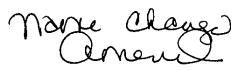
## N04000003078

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(Req	uestor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer	1
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: NTI A	rticulate Behav	vioral Learning Center I
DOCUMENT NUMBER: N.04000	00:3078	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
CATHY L	NTI Contact Person)	<u></u>
NTI ARTICULATE, (Firm	Empower ment	t Learning Center Inc
670 Long Isl	and Aue Address)	<del> </del>
Ft Lauderdale (City/State	FL 33317 te and Zip Code)	<del></del>
E-mail address: to be use	Janoo . com d for future annual report notific e call:	cation)
Cathy L NTI (Name of Contact Person)		ime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Departmen	nt of State:
□\$35 Filing Fee	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address  Amendment Section  Division of Corporations	Street Address Amendment Section Division of Corporati	,

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

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2010 MAD	FILED
TALLARETAR IRNINGSE	15 AM 9: 19 1
IRNINGS.	Center In

NTI ARTICULATE BEHAVIORAL LEARNING Salenter Inc

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

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

the following amendment(s) to its Articles of In-	corporation:	
A. If amending name, enter the new name of	the corporation:	
Nti Articulate Empule The new name must be distinguishable and co abbreviation "Corp." or "Inc." "Company" or	erment Learning Contain the word "corporation" or " r "Co." may not be used in the name	'incorporated" or the
B. <u>Enter new principal office address, if appl</u> (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or renew registered agent and/or the new regis		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	<del></del>
-	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position.		ccept the obligations of th

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) Title Name. Address Type of Action

	·		
			☐ Add ☐ Remove
<del></del>			☐ Add ☐ Remove
	<del></del>		☐ Add ☐ Remove
E. If amendin (attach addi	g or adding additional Articles, enter cl tional sheets, if necessary). (Be specific	nange(s) here: )	
<del></del>			

The date of each amendment(s) adoption	on: 3110/10
•	(date of adoption is required)
Effective date <u>if applicable</u> :	4 00 d 6 4 (Cl - L )
· ·	no more than 90 days after amendment file date)
<b>(                                    </b>	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members en adopted by the board of directors.	ntitled to vote on the amendment(s). The amendment(s) was/were
have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)  President  (Title of person signing)