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Office Use Only



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SECRETARY OF STATE
ALLAHASSEE FI ORION

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Animated divers ed | | | | |
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| | | | | |
| DOCUMENT NUMBER: NO4 00000 6641 | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Shai GozDstlin (Name of Contact Person) | | | | |
| (Name of Contact Person) | | | | |
| Animated drivers ed | | | | |
| (Firm/ Company) | | | | |
| | | | | |
| 21906 9 Ke forest Lir Ste 201 (Address) | | | | |
| (Address) | | | | |
| Boca Raton FL 33433 | | | | |
| (City/ State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Shai Goldstein at 561, 212 1192 | | | | |
| (Name of Contact Person) at (561) 212 11 92 (Area Code & Daytime Telephone Number) | | | | |
| Enclosed is a check for the following amount: | | | | |
| \$35 Filing Fee \$43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee & Certificate of Status (Additional copy is enclosed) | | | | |
| Mailing Address Street Address | | | | |
| Amendment Section Amendment Section Division of Corporations Division of Corporations | | | | |
| P.O. Box 6327 Clifton Building | | | | |
| Tallahassee FI 32314 2661 Evacutive Center Circle | | | | |

Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation

| Animated drivers ed., In | Animated | drivers | 69. | , Inc. |
|--------------------------|----------|---------|-----|--------|
|--------------------------|----------|---------|-----|--------|

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

Not 00000 6641

(Document number of corporation (fknown)

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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

This 501 c(3) May engage in any activity of activities that shall be in furtherance of and consistent with the sole(3) status as an entity duly organized and operated in accordance with the Provisions of section 501c(3) of the internal revenue code of 1986 as amended the code) provided however that such activity or activities shall otherwise be permitted under the laws of the state of florida.

> (Attach additional pages if necessary) (continued)

| The date of adoption of the amendment(s) was: 9,9.05 | | | | |
|---|-------------------------------|--|--|--|
| Effective date if applicable: | | | | |
| (no more than 90 days after amendm | ent file date) | | | |
| Adoption of Amendment(s) (CHECK ONE) | | | | |
| The amendment(s) was (were) adopted by the member for the amendment was sufficient for approval. | s and the number of votes cas | | | |
| There are no members or members entitled to vote on amendment(s) was (were) adopted by the board of directions of the second of | | | | |
| Signature Survey (By the chairman or vice chairman of the board, president of have not been selected, by an incorporator- if in the hands other court appointed fiduciary, by that fiduciary.) | | | | |
| SHAI GOLDSTEIN | | | | |
| (Typed or printed name of person signing) | | | | |
| President | | | | |
| (Title of person signing) | | | | |

FILING FEE: \$35