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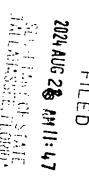
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August 8, 2024

THOMAS H. LOFFREDO.ESQ GRAYROBINSON, P.A. 401 EAST LAS OLAS BLVD, STE 1000 FORT LAUDERDALE. FL 33301

SUBJECT: FORT LAUDERDALE INDEPENDENCE TRAINING & EDUCATION

CENTER, INC.

Ref. Number: N09000000811

We have received your document for FORT LAUDERDALE INDEPENDENCE TRAINING & EDUCATION CENTER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Rebekah Lefeavers Regulatory Specialist III

Letter Number: 024A00017584

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: The Fort Lauderda | le Independent Training & | Education Center, Inc. |
|------------------------|------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT NUM | BER: | | |
| The enclosed Article. | s of Amendment and fee are su | bmitted for filing. | the following: Ime of Contact Person Firm/ Company Address Ty/ State and Zip Code Toture annual report notification) I: at (954 |
| Please return all corr | espondence concerning this ma | tter to the following: | |
| | Thomas H. Loffredo, Esq. | | |
| | | Name of Contact Person | 1 |
| | GrayRobinson, P.A. | | |
| | | Firm/ Company | ······································ |
| | 401 East Las Olas Blvd., Suit | te 1000 | |
| | | Address | |
| | Fort Lauderdale, Florida 333 | 01 | |
| | | City/ State and Zip Code | |
| | | | |
| | tom.loffredo@gray-robinson | | -wifention) |
| | E-mail address: (to be us | sea for future annual report | nouncation) |
| For further informati | on concerning this matter, pleas | se call: | |
| Thomas H. Loffredo | , Esq. | 954 | 895-3405 |
| Name of Contact Person | | (Area Co | de & Daytime Telephone Number |
| Enclosed is a check t | or the following amount made | payable to the Florida Depa | artment of State: |
| ∴ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Certificate of Status Certified Copy (Additional Copy |
| Ar Di P.0 | nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314 | Amend Divisio The C | ment Section |

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

| (Name of Corpora | ation as currently filed with the Florida Dept, of State) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| (Doc | ument Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation: | ida Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the | corporation: |
| The Florida Independent Training & Education Cer | nter, Inc The new |
| name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abb | "corporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word |
| B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A) | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE I | <u>BOX</u>) |
| | |
| | ~. |
| | |
| If amending the registered agent and/or registered agent and/or the new registered. | stered office address in Florida, enter the name of the |
| | 62 F1 |
| Name of New Registered Agent | |
| | (Florida street address) |
| | (Ciornal street dadress) |
| New Registered Office Address: | Flori⊕r '' |
| | (5.0) |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent | Registered Agent: 1. I am familiar with and accept the obligations of the position. |
| • | |
| | |
| Sig | gnature of New Registered Agent, if changing |

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

| X Change | <u>PT</u> | John Doe | |
|----------------------------|--------------------------|-----------------------|-----------------------------------------------|
| X Remove | $\underline{\mathbf{V}}$ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | Board | Craig Goldenfarb | 5201 NW 33rd Ave. |
| Add | <u></u> | | Ft. Lauderdale, FL 33309 |
| X Remove 2) Change | Board | Tanya Cunningham | 5201 NW 33rd Ave. |
| X Add | | | Ft. Lauderdale, FL 33309 |
| Remove 3) Change | Board | Richard Hopper | 5201 NW 33rd Ave. Ft. Lauderdale, FL 33309 |
| Add Remove X Change | GC | Tom H. Loffredo. Esq. | 5201 NW 33rd Ave. |
| Add | | _ | Ft. Lauderdale, FL 33309 |
| Remove 5) X Change | T | Jennifer Whittington | 5201 NW 33rd Ave. |
| Add | | | Ft. Lauderdale, FL 33309 |
| Remove X Change | s | Heidi Schaeffer, MD | 5201 NW 33rd Ave. |
| Add | | | Ft. Lauderdale, FL 33309 |
| Remove | | | |

| ١٤. | amonding or adding additional Articles, enter change(s) here: |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>11 (</u> (A)) | umending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific) |
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| i. <u>If</u> : | an amendment provides for an exchange, reclassification, or cancellation of issued shares, |
| D. | rovisions for implementing the amendment if not contained in the amendment itself: |
| | (if not applicable, indicate N/A) |
| | |
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| | (s) adoption: | , if other than the |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| date this document was signed | Immediate - June 25, 2024 | |
| Effective date <u>if applicable</u> : | | _ |
| - | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in the document's effective date on the | his block does not meet the applicable statutory filing requirements, thine Department of State's records. | s date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ■ The amendment(s) was/wer action was not required. | e adopted by the incorporators, or board of directors without shareholder | action and shareholder |
| ☐ The amendment(s) was/wer by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval. | ent(s) |
| ☐ The amendment(s) was/wei must be separately provide | e approved by the shareholders through voting groups. The following stad for each voting group entitled to vote separately on the amendment(s): | lement |
| "The number of votes | cast for the amendment(s) was/were sufficient for approval | |
| by The FLITE Center | r Board of Directors | |
| | (voting group) | |
| 6/25/ | 024 | |
| Dated | (IAT) | |
| Signature | | |
| Ű. | y a director, president or other officer - if directors or officers have not be | een |
| | lected, by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary) | court |
| ւլ | , | |
| | Thomas H. Loffredo, Esq. | |
| | (Typed or printed name of person signing) | |
| | General Counsel | |
| | (Title of person signing) | |