(Requestor's Name)	-	
(Address)	-	
(Address)	-	
(City/State/Zip/Phone #)	-	
PICK-UP WAIT MAIL		
(Business Entity Name)	-	
(Document Number)		,
Certified Copies Certificates of Status	. :	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Still St	anding Education	al Interventions, In
	IBER: N1000002	\ /	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this mat	tter to the following:	
	(Name of	ta Williams f Contact Person)	
	(Firm	n/ Company)	
	2901	Magnulia Blussom Address)	Gre
		nt, Florida 34	
	+akitawillians	X 2 2/a hou - COM) ed for future annual report notifi	cation)
For further informati	on concerning this matter, pleas	se call:	
Takit	e of Contact Person)	at (HOT) 45 (Area Code & Day)	1-4635 ime Telephone Number)
		payable to the Florida Departme	
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ling Address	Street Address	·

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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

N10000002237

(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:

Still Standing in new name must be distinguishable in	Educational	poration" or "inco	Trons Inc
reviation "Corp." or " Inc." <mark>"Compan</mark>	y" or "Co." may not be u	sed in the name.	, po
Enter new principal office address, if incipal office address <u>MUST BE A STR</u>		MA	
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		NA	
Muning unuiess MAI BEAT OST OF	TITUL DUAL		
If are an altimately a restriction of a good and		, , , , , , , , , , , , , , , , , , ,	
If amending the registered agent and/new registered agent and/or the new r	or registered office addr		er the name of the
	or registered office addr		er the name of the
new registered agent and/or the new i	or registered office address		er the name of the
new registered agent and/or the new in Name of New Registered Agent:	or registered office address registered office address (Florida fr	reet address)	, Florida
new registered agent and/or the new in Name of New Registered Agent:	or registered office address	reet address)	
new registered agent and/or the new in Name of New Registered Agent:	or registered office address registered office address (Florida ft	reet address)	, Florida

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 ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Article III.

The date of each amendment(s) adop	tion: $\frac{110\sqrt{2},2010}{}$
Effective date if applicable:	(date of adoption is required) [Nacch 5, 2010]
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)
☐ There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
Dated	12/10
Signature	Deketa William
(By the chain have not be	rman or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 3 of 3