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AMEN 3/22

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GOAL GETTERS VOCATIONAL Services			
DOCUMENT NUMBER: N 10000005492			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Maureen Parrella, M. Ed, CRC, CVE, CBTAC (Name of Contact Person)			
Goal Getters Vocational Services			
11534 East Ride Drive			
Jacksonville, FL 3223 (City/State and Zip Code)			
JEON DE L'EMAN DE L'EMAN L'EMA			
For further information concerning this matter, please call:			
Maurean P Steiner at 904 328-9909 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee &			
is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301			

Articles of Amendment

to

Articles	of	Incorporation
		of

	(Document)	Number of Corporation (if known)		
	Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of	· ·	or Profit Corporation adopts	
	A. If amending name, enter the new nam	e of the corporation: Letters 1 Mattional St	ervices, Ira.	
	The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company			
NA	B. Enter new principal office address, if a (Principal office address MUST BE A STR			
N	C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	ble: FFICE BOX)	11 MAR 21 SUCRETARY FALLAHASSE	n =
			PHI2: 33	ŋ
	D. If amending the registered agent and/onew registered agent and/or the new r		enter the name of the	
Mk	Name of New Registered Agent:	***************************************	Marin Halanda Arin	
aw Aw	New Registered Office Address:	(Florida street address)		
·		(City)	, Florida (Zip Code)	
18-	New Registered Agent's Signature, if char	nging Registered Agent:		
M. M.	I hereby accept the appointment as registe position.	ered agent. I am familiar with and a	ccept the obligations of the	
		Signature of New Registered Agent, if	changing	

Page 1 of 3

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)

THE Name Address Type of Action Add Add Add Address Add		(Anach au	anional sheets, if necessary)		
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The date of each amendment(s	s) adoption:	3/18/201
Effective date <u>if applicable</u> :	(date of adoption is t	required)
Effective date <u>if applicable</u> .	(no more than 90 days after am	endment file date)
Adoption of Amendment(s)	(CHECK ONE)	/
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the numb	er of votes cast for the amendment(s)
There are no members or me adopted by the board of direct	embers entitled to vote on the amendme ctors.	nt(s). The amendment(s) was/were
Dated	106,31 April	
Signature	Marion Panella	Stainer
		ard, president or other officer-if directors
	not been selected, by an incorporator - court appointed fiduciary by that fiduci	 if in the hands of a receiver, trustee, or iary)
	Maureen Famella (Typed or printed name of p	Stever
	CEO + Preside	tt

Page 3 of 3