N1200000 2905

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	reneurs		
N12000002905 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Arthur Esch			
	(Name of Contact Perso	n)	
Institute for Entrepreneurs			
. 	(Firm/ Company)	······································	
18421 SE Old Trail Drive West			
	(Address)	· · · · · · · · · · · · · · · ·	
Jupiter, Florida 33478			
	(City/ State and Zip Cod	le)	
aesch@powre.net			
E-mail address: (to be us	ed for future annual report	notification	1)
For further information concerning this matter, plea	se call:		
Arthur Esch	30 at		4813000
(Name of Contact Perso		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of	State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif C ert if	O Filing Fee icate of Status icd Copy tional Copy is osed)
Mailing Address		Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Institue for Entrepreneurs					
(Document Num	ber of Corporation (if known))			_
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not For Pro</i>	fit Corporation a	dopts the	e follow	ing
A. If amending name, enter the new name of the corpora	ntion:				
				_The ne	
name must be distinguishable and contain the word "corport" "Company" or "Co." may not be used in the name.	ation" or "incorporated" or t				
B. Enter new principal office address, if applicable:	18421 SE Old Trail Drive	West Sav	nE F) 2025	55
Principal office address <u>MUST BE A STREET ADDRESS</u>	Jupiter, Florida 33478				_
			= 1	2021	_
C. Enter new mailing address, if applicable:			<i>i</i> −	HAY	
(Mailing address MAY BE A POST OFFICE BOX)	·			7 7	: حرور مناد—
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			<u>-</u>	-:- -	_`~
). If amending the registered agent and/or registered off		r the name of the		õ	
new registered agent and/or the new registered office	address:				
Name of New Registered Agent:					
New Registered Office Address:	(Florida si	treet address)		·	_
New Registered Office Address.					
	(Cir.)	, Florida (Zip e			_
	(City)	(Zip e	soae)		
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for		bligations of the p	osition.		
	Signature of New Registered A	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)

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.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sı	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
Change Add Remove	Director	Joan Gunter	3353 SE Fairway East Stuart, Fl. 34997
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or addin (attach additional sheet	g additional Artic	cles, enter change(s) here: (Be specific)	

Effective date if applicable:	ile date)
The date of each amendment(s) adoption:	, if other than the
	······································

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Arthur Esch

(Typed or printed name of person signing)

(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were