N15000003497

(Re	equestor's Name)	
(Ad	ldress)	
<u> </u>		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
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(Do	ocument Number)	
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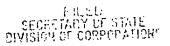
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	TION: Reaprendentia, Inc			
DOCUMENT NUMBER	R:			
	Amendment and fee are su	bmitted for filing.		
Please return all correspor	ndence concerning this ma	tter to the following:		
Cai	la Galdino			
****		Name of Contact Persor	1~-	
Res	aprendentia, Inc.			
		Firm/ Company		
821	Crystal Lake Drive			
		Address		
Por	mpano Beach FL 33064			
		City/ State and Zip Code	•	
carlagald	ino@msn.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information co	ncerning this matter, pleas	se call:		
Carla Galdino		at (<u>954</u>	547-1550	
Name of C	ontact Person	Area Code & Daytime Telephone Numb		
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
Amendi Division P.O. Bo	Address ment Section of Corporations x 6327 ssee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



16 MAY -3 AM 10: 36

Reaprendentia, Inc.		10 HH 2 AH 10.
(Name of Corporation as curren	tly filed with the Florida	Dept. of State)
N15000003497		
(Document Numb	er of Corporation (if know	m)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Pr</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the corporat	<u>ion:</u>	
N/A		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" o	
B. Enter new principal office address, if applicable:	821 Crystal Lake Drive	
(Principal office address MUST BE A STREET ADDRESS	Pompano Beach FL 33064	
	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	821 Crystal Lake Drive	
	Pompano Beach FL 3306	54
D. If amending the registered agent and/or registered offi		er the name of the
new registered agent and/or the new registered office a	<u>iddress:</u>	
Name of New Registered Agent: N/A		
	(Florid	a street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
I herehy accept the appointment as registered agent. I am fa		obligations of the position.
-		
	innature of New Paristons	d Arout if abouting

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 V SV	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change			***************************************	
Add				
Remove				
4) Change		_		
Add				
Remove				
6) 01				
5) Change		_		
Add				
Remove				VIII A SEPTEMBER AND A SEPTEMB
6) Change		_		
Add				
Remove				

If amending or adding additional A attach additional sheets, if necessary). (Be specific)		
4			
•		 	
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			. =

The date of each amendment(s) ado	ption:	· · · · · · · · · · · · · · · · · · ·	if other than the
date this document was signed.		SECRETARY DIVISION OF CO	OF STATE
Effective date if applicable:			
	(no more than 90 days after amendment file date)	16 MAY -3	AM 10: 36
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirement of State's records.	nts, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for th	e amendment(s)	
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendments.	t(s) was/were	
Dated April 25, 201	<u> </u>		
Signature 6	· Sldi		
have not been	an or vice chairman of the board, president or other office selected, by an incorporator — if in the hands of a receive pointed fiduciary by that fiduciary)		
Carla Gald	ino		
	(Typed or printed name of person signing)		
Director			
	(Title of person signing)		