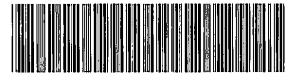
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION		CADEMY FOUND	ATION, INC.	
DOCUMENT NUMBER: _	81-1739253	NIIL	CCC	((1424
The enclosed Articles of Am	endment and fee are sub	mitted for filing.		
Please return all corresponde	nce concerning this matt	er to the following:		
FRANK J. BOLANOS				
· 1	**	(Name of Contact P	erson)	
LBS				
		(Firm/ Compan	y)	
8200 NW 41 ST., S. 200				
		(Address)	_	
DORAL, FL 33166				
		(City/ State and Zip	Code)	<u> </u>
frankbolanos@bellsouth.ne	t			
E.	-mail address: (to be used	for future annual re	port notification	n)
For further information conc	erning this matter, please	call:		
Frank J. Bolanos		al	786	351-3605
	Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pa	ayable to the Florida	Department of	State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status		Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations			<u>reet Address</u> nendment Sect	ion
		Division of Corporations		
P.O. Box (ne Centre of T	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

AVANT GARDE ACADEMY FOUNDATION, INC.

(Name of Corporation as currently filed with the	Florida D	ept. of State)	
81-1739253	40	00001434	
(Docum	ient Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute	s, this Florida Not For Profit Corporation adopts the	following
A. If amending name, enter the new name of the	corporati	on:	
NIA			The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ion" or "incorporated" or the abbreviation "Corp." o	or "Inc."
B. Enter new principal office address, if applical (Principal office address <u>MUST BE A STREET A</u>		NA	
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROX)	Ala	2020
17. many many state of the stat		T.N.L.	FR
			် တ
 If amending the registered agent and/or registered agent and/or the new registered. 			9: 3 ^t
Name of New Registered Agent.	NIA		
		(Florida street address)	
<u>New Registered Office Address:</u>			
		(City) (Zip Code)	
		(City) (Zip Code)	
New Registered Agent's Signature, if changing B I hereby accept the appointment as registered agent		Agent: ulliar with and accept the obligations of the position.	
	NIA		
	Six	nature of New Registered 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 Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	<u>P</u>	JULIA VALENT	320 S. FLAMINGO DR.,#356 PEMBROKE PINES, FL 33027
2) Change Add	<u>S</u>	ANTONIO CRUZ	320 S. FLAMINGO DR., #356 PEMBROKE PINES, FL 33027
Remove 3 } Change Add	<u>T</u>	ERIKA GONZALEZ	320 S. FLAMINGO DR., #356 PEMBROKE PINES, FL 33027
4) Change Add	Р	MARIA DIAZ KREMER	320 S. FLAMINGO DR.,#356 PEMBROKE PINES, FL 33027
Remove 5) x Change Add	<u>s</u>	AMY MILLER	320 FLAMINGO DR., #356 PEMBROKE PINES, FL 33027
Remove 6) ** Change Add	<u>T</u>	RON LEGLER	320 S. FLAMINGO DR., #356 PEMBROKE PINES, FL 33027
(attach additional shee		cles, enter change(s) here: (Be specific)	
NA			

				
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				····
				
The date of each amendment(s) adopti date this document was signed.	on:			, if other than the
and the document mas aighed.				
Effective date <u>if applicable</u> :	tno more than 90 days a	<u></u>		
	tho more than 90 days a	tter amendment file	date)	
<u>Note:</u> If the date inserted in this block document's effective date on the Department	pes not meet the applicable nent of State's records.	e statutory filing req	uirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			

■ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s)

was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated JULY 9, 2020
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). MARIA DIAZ KREMER
(Typed or printed name of person signing)
Board President

(Title of person signing)