N16000002108

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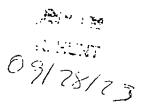


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DIVISION OF CORPORATIONS

ONLY SEP 28 PH 12: 40





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing *Articles of Amendment* to amend the articles of incorporation of a *Florida Not for Profit Corporation* pursuant to section 617,1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- > If amending/adding officers/directors, list titles and addresses for each officer/director.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

The document must be typed or printed and must be legible.

Pursuant to section 617.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information, you may call the Amendment Section at (850) 245-6050

CR2E009 (4/15)

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	POVIOR ACADEM	7- DELLAY INC.	
DOCUMENT NUMBER: NIGOO	002103		
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
	ARWS EYRER (Name of Contact Person	<u></u>	
	(Name of Contact Person)	
	TINE SANION AZ	30EMY	
·	(Firm/ Company)		
10311 1	VW 584 5T		2023 SEP 28 F/112: 40
	(Address)		- 1 of 1
	<u></u>		28
	MAN FL 3317 (City/ State and Zip Code	<u> </u>	<u>————————————————————————————————————</u>
•	(City/ State and Zip Code	")	12:
E-mail address: (to be used	er @ dsmemail Tor future annual report i	orra	9 P/1/2: 40
For further information concerning this matter, please			
	can.		
CARWS LEYPER	at	186-374-4356	
(Name of Contact Person)	(Ar	ea Code) (Daytime Telephone Num	ber)
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:	
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy	
	enclosed)	(Additional Copy is Enclosed)	
<u>Mailing Address</u> Amendment Section	Street	Address	
Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O. Box 6327 The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to Articles of Incorporation of

VIVIALE SLAVER ACADEMY - T.	JELRAY INC	
(Name of Corporation as currently filed with the Florida I	Dept. of State)	
N1600000 210	8	
(Document Number	er of Corporation (if	known)
Pursuant to the provisions of section 617.1006. Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida Not F</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:	
		The nev
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporate	ed" or the abbreviation "Corp." or "Inc."
Company or Co. may not be used in the name.		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(trincipal office address <u>\$1031 BE A 31KEET ADDRESS</u>)	, 	
		23
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7,8
(Matting address MAT BE A POST OFFICE BOX)		
		2923 SEP 28 Fri 2.
D. If any distribution is an investigation of the second of		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as		a, enter the name of the
	— —	
Name of New Registered Agent:		
		Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fai	niliar with and accep	n the obligations of the position.

Signature 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; CE() = Chief Executive Officer: CF() = 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 I V Mike J SV Sally S	<u>Iones</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change Add	Penkeran	LAURA MONTER		DIVISION OF 2023 SEP
X Remove				<u> </u>
2) Change Add				28 PM 12: 40
Remove 3) Change Add Remove				PM 12: 40
4) Change Add				
Remove				
5) Change Add				<u> </u>
Remove				
6) Change Add				
Remove			·	
	adding additional Ar I sheets, if necessary).	ticles, enter change(s) here: (Be specific)		
				
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						PHIZ: 40
						
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			•			
The date of each ar date this document v	nendment(s) adopt vas signed.	ion:				_, if other than the
Effective date <u>if ap</u>	plicable:	(no more than 90 c	_			
		(no more than 90 c	days after amendm	ent file date)		
Note: If the date ins document's effective	serted in this block deducted and the detection of the Depart	oes not meet the app ment of State's recor	dicable statutory fi ds.	ling requirements,	this date will not	be listed as the
Adoption of Amend	Iment(s)	(CHECK ONE)				
☐ The amendmen was/were suffice	t(s) was/were adopt cient for approval.	ed by the members a	nd the number of v	votes cast for the ar	mendment(s)	

(Title of person signing)