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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	EXPANSION	INTERNATIONAL UNI	VERSITY, INC			
DOCUMENT NUMBER:		N17000002146				
The enclosed Articles of Amend	dment and fee are su	bmitted for filing.				
Please return all correspondence	e concerning this ma	atter to the following:				
	JOSE D. VELASQUEZ					
		Name of Contact Person	1			
		REGISTERED AGENT				
		Firm/ Company				
		7816 W SAMPLE RI)			
		Address				
CORAL SPRINGS, FL 33065						
City/ State and Zip Code						
E-m			Pmaclem.			
JOSE D. VELASQUEZ		at (56 /	de & Daytime Telephone Number			
Name of Contac	t Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the follo	owing amount made	payable to the Florida Depa	artment of State:			
_	43.75 Filing Fee & ertificate 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EXPANSION INTERNA	ATTOMAL UNIVERSITT	, INC
(Name of Corporation as curr	ently filed with the Flori	ida Dept. of State)
N17	000002146	
(Document Nur	mber of Corporation (if kr	nown)
Pursuant to the provisions of section 617,1006, Florida Stat mendment(s) to its Articles of Incorporation:		r Profit Corporation adopts the following
. If amending name, enter the new name of the corpor	ation:	
ame must be distinguishable and contain the word "corpo Company" or "Co." may not be used in the name.	ration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES		CORAL SPRINGS FL 33065
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7816 W. SAMPLE RI	D, CORAL SPRINGS, FL 33065
. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida,	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
·		, Florida
	(City)	(Zîp Code)
ew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept t	he obligations of the position.
	Signature of New Registe	red Avent 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	<u>v</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	v	JOSE D TOVAR	6901SW 76DR TAMARA FL 3332
X Remove	v	CARLOS A. BELTRAN	7816 W. SAMPLE RD CORAL SP
2) Change			
Remove 3) Change Add			
Remove			
4) Change Add			
Remove 5) Change			
Add			
6) Change			
Add Remove			

E. If amending or adding additional Articles, enter change(s) here:				
(Attach additional sheets, if necessary). (Be specific)				
Adding additional Articles: The titles of Degrees isued the Institution cannot be confused with the secular dgree titles.				
for this purpose, each degree title must include a Religious modifer that immediately precedes, or as included within, any of				
the following degrees: Associate of Arts, Associate of Science, Bachelor of Arts, Bachelor of Science, Master of Arts,				
Master of Science, Doctor of Philosophy, Doctor of Education, Administration, Psychology I, Psychology II,				
Five levels in general education.; Technicians and Diplomas, Bachelor's, Master's, Doctorate. Holistic Health Diploma				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,				
provisions for implementing the amendment if not contained in the amendment itself:				
(if not applicable, indicate N/A)				

	e date of each amendment(s) adoption: August 5 /20/7 this document was signed.	, if other than th
Effe	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	ot be listed as the
Ada	option 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.	
8	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 August 5/2017	
	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)	
	DANIEL VELASQUEZ	
	. (Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	