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COVER LETTER

TO: Amendment Section Division of Corporations

AME OF CORPORATION: Living Legacy Academy
OCUMENT NUMBER: N18000004736
he enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Erica Conde
(Name of Contact Person)
Living LegacyAcademy
5 (Finns-company)
P.O.Box 2124
(Address)
Riverview, FL 33568
(City/ State and Zip Code)
info @ living legacyaca de my. org E-mail address: (to be used for future amual report notification)
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Erica Conde 941-548-9948
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
nclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee & \Bigcup \\$64 Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

N186000	rently filed with the Flor	
	imber of Corporation (if ki	
irsuant to the provisions of section 617,1006, Florida Sta nendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
. If amending name, enter the new name of the corpo	ration:	
ime must be distinguishable and contain the word "corpo	American Transfer	The net
Company" or "Co," may not be used in the name.	оганот от теогрогичес	or me avoreviaiam Corp, or mc.
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRES	ec)	
rincipal office dauress <u>SIUST BE A STREET ADDRES</u> .	<u></u>)	
		SEC SEC
 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 		30
(Adding marts) SERT DE ATSST OF TREE BOX		man re
		<u></u>
		97
. If amending the registered agent and/or registered of		enter the name of the
new registered agent and/or the new registered offic	<u>ce adoress:</u>	
Name of New Registered Agent:		
	(FI	orida street address)
New Registered Office Address:		
<u> </u>		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Register	red Agent:	the obligations of the position.

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 1 <u>V Mike</u> <u>SV Sally</u>	Jones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	5	Maribel Alvarez	2480 NW 89th Ave Sunrise, FL 33322
Remove	Ć		
2) Change	_5_	Helen Despinos	172 SW Eyerly Ave Port St. Lucie, FL 34983
Remove 3) Change Add	<u>\</u>	Jaennin SchmedLin	249 Alden Ave., Apt 2 New Haven, CT 06515
Remove Change Add	<u>D</u>	CNorman Caldwell	P.O. Box 881475 St. Lucie West, FL 34988
Remove Change Add	<u>D</u>	Taira Rojas	191 SE Calmoso Drive Port St. Lucie, FL 34983
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

Article III: The specific purpose for which this corporation is organized is exclusively for training educational, and charitable purposes as will qualify it as an exempt organization under section 501(c)(3) of the internal revenue code.
Upon termination or dissolution of this Corporation, any available assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or Corresponding section of any future federal tax Code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any assets not disposed of Shall be disposed of by the Court of the County in which the principal office of the Corporation is then located, exclusively for such purposes.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 7/20/18	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
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.	
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 72018 Signature	
(By the chairman of vice what mains) 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)	
Erica Conde	
(Typed or printed name of person signing)	
President	
(Title of person signing)	