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A-Butter

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Education &	Conmunity Learning Center In
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the f	following:
Heath	er Lennie fContact Person)
(Name o	f Contact Person)
Education & Commu	nity Learning Center Inc.
3500 El Conquishador P	Kuy Unit 227 Address)
Bradentun, (City/St	FL 34210 nte and Zip Code)
Leather @ ed E-mail address: (to be used for futur	concenter, org
For further information concerning this matter, please call:	
(Name of Contact Person)	at 613 583 284/ (Area Code) (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
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Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	Articles of Incorporation	Mars - America
	of	
Education	n & Connunity	Leonains Conte Inc
Name of Corporation as currently filed with the	Florida Dept. of State)	2021 50G 25 Pil 3: 1.7
-		1776 W
(Decume	ent Number of Corporation (if k	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Docume	the Number of Corporation (if K	allowity STE, FL
Pursuant to the provisions of section 617,1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not Fo</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
n 0 1		
Be leading Inc. name must be distinguishable and contain the word	the consequence of the consequence of the	The new
"Company" or "Co," may not be used in the name.		a or the above viation Corp. or the.
B. Enter new principal office address, if applicab		
(Principal office address <u>MUST BE A STREET AL</u>	DDRESS)	
C. F. (
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	
		
D. If amending the registered agent and/or regist		, enter the name of the
new registered agent and/or the new registered	d office address:	
Name of New Registered Agent:		
-		Florida street address)
New Registered Office Address:	1,1	uniaa sirees aaaressy
-	With S	Florida (Zip Code)
	(Ciŋý)	(Zip Code)
New Registered Agent's Signature, if changing Re	egistered Agent:	
hereby accept the appointment as registered agent.		t the obligations of the position.
	Signature of New Regist	tered Agent, if changing
_	Signature of New Regist	tered Agent, if changing

and address of each Ot (Attach additional sheet Please note the officer/a P = President; V= Vice	ficer and/or Dires, if necessary) lirector title by the President: T= Tr = Chief Financia	e first letter of the office title: easurer; S= Secretary; D= Director; TR= Ti il Officer. If an officer/director holds more th	r/director being removed and title, name, rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office
Changes should be note a change. Mike Jones le Mike Jones, V as Remov	aves the corporat	ion, Sally Smith is named the V and S . These	PST and Mike Jones is listed as the V. There should be noted as John Doe, PT as a Chang-
Example: X Change X Remove X Add		<u>Doe</u> Jones <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or add (attach additional sho		rticles, enter change(s) here: . (Be specific)	
All mentions	to the	corporation name will	et for our record.

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	<u>.</u>			
The date of each amendment(s date this document was signed.) adoption:			if other than
Effective date <u>if applicable</u> :	20/08/2 (no more than 90	021		
	(no more than 90) days after amendme	ent file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the ap Department of State's reco	pplicable statutory fil ords.	ing requirements, th	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE	<u> </u>		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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) Heather Lennie (Typed or printed name of person signing) Buarda Chair (Title of person signing)	Dated	20/08/2021
(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) Heather Lennie (Typed or printed name of person signing)	Signatur	re Himin
(Typed or printed name of person signing) Buarch Chair	Ü	(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
Board Chair		Heather Lennie
		(Typed or printed name of person signing)
(Title of person signing)		Board Chair
		(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.