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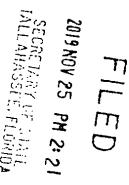
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Amend

DEC 27 2019
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

UBIT THEOLOGIC NAME OF CORPORATION:	CAL UNIVERSITY INC.
N18000013016 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Max Salas	
	(Name of Contact Person)
	(Firm/ Company)
8850 NW 36th St Unit 2128	
	(Address)
Doral, FL 33178	
	(City/ State and Zip Code)
info@migrative.us	
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
Max Salas	305 7142124
(Name of Contact Person	
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations

Amendment Section Division of Corporation: P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

UBIT THEOLOGICAL UNIVERSITY INC.

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	Coc Pr
N18000013016		70 1
(Document	Number of Corporation (if kn	own)
Pursuant to the provisions of section 617,1006, Florida imendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co," may not be used in the name	orporation" or "incorporated	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD)</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	ed office address in Florida, ffice address:	enter the name of the
Name of New Registered Agent:		
	<i>tFlo</i>	rida street address)
New Registered Office Address:		
<u> </u>		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist bereby accept the appointment as registered agent. I		he obligations of the position.
	Signature of New Registe	red 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 1 V Mike SV Sally 3	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	MGR	Max Salas	8400 NW 36th St. Ste 450 Doral, Fl 33166
Remove			 _
2) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove Page 2 of 4 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
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	Page 3 of 4	
The data of each amendments and	option:	if other than the
date this document was signed.	-рион.	If other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this block document's effective date on the Department of the Department	k does not meet the applicable statutory filing requirements, this date will not lartment of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	

Dated	11/21/2019	
Signatur		vice chairman of the board, president or other officer-if directors
	have not been selec	eted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)
	Director	
	 	(Typed or printed name of person signing)
	President	
		(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.