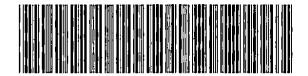
N19 00000 4409

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: TAPANE Hotizons Learning Cont DOCUMENT NUMBER: V 19000 4409 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm) Company) (Address) (City/ State and Zip Code) For further information concerning this matter, please call:

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

□\$43.75 Filing Fee & **X**\$43.75 Filing Fee & Certificate of Status

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 Tallahassee, 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

Intimete there learning Cent	et ine
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
N1900001409	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	otion:
MA	The new
name must be distinguishable and contain the word "corpor" "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	105215W127th COLH MYON; FL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10531 SW127th COURT Milans FL 33186
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent: NE	<u>auress.</u>
New Registered Office Address:	SISW ATT Court ?
_W3	OMR , Florida 33186 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for	
	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; 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	V Mik	n <u>Doe</u> te <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P	Daniel Romitez	9050 SN 1560 COXXX M90m9 FL 33196
2) Change Add	<u>b</u>	Floncisco Ottila	10531 SW 127th COOKE M90m9 FL 33186
Remove 3) Change Add Remove		Catalina De Los Rios	11511 Stv 90 ST M90m3 FL 33176
4) Change	_D	Marga Perez	10631 SW 127th Catt Mami FL 33186
5) Change Add			
Remove 6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
N/A				
				
				
				
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he date of each amendme	ent(s) adoption:	, if other than the
ate this document was sign	ed.	
ffective date <u>if applicable</u>	: 8-28-19	
	(no more than 90 days after amendmen	nt file date)
	this block does not meet the applicable statutory filing the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was was/were sufficient for	/were adopted by the members and the number of votapproval.	es cast for the amendment(s)
There are no members adopted by the board of	or members entitled to vote on the amendment(s). The directors.	e amendment(s) was/were
Dated S	-28-19	
Signature		
(By that	the chairman or vice chairman of the board, president to not been selected, by an incorporator – if in the hander court appointed fiduciary by that fiduciary) 2019 – Lule or Carred name of personnel	ds of a receiver, trustee, or
-	VPCC PTESIONE (Title of person sig	ming)