

N19000000 44110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

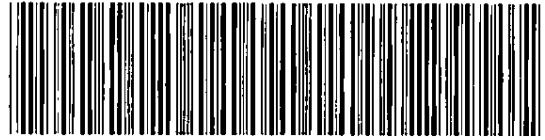
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2024 AUG 13 AM 8:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# *State of Florida*

## *Department of State*

I certify from the records of this office that ARCHANGEL TABLETS FOUNDATION INCORPORATED is a corporation organized under the laws of the State of Florida, filed on April 19, 2019, effective April 19, 2019.

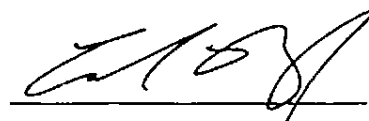
The document number of this corporation is N19000004410.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on August 7, 2024, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Seventh day of August, 2024*



  
**Secretary of State**

Tracking Number: 4805953884CR

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<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ARCHANGEL TABLETS FOUNDATION INCORPORATED

DOCUMENT NUMBER: N19000004410

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Massimo Miliano

(Name of Contact Person)

ARCHANGEL TABLETS I.L.C

(Firm/ Company)

15421 West Dixie HWY, #11

(Address)

N Miami Beach, FL 33162

(City/ State and Zip Code)

mmiliano@arch-te.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Massimo Miliano

+1

(866)747-4486

at

(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:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|--|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee

Articles of Amendment  
to  
Articles of Incorporation  
of

ARCHANGEL TABLET'S FOUNDATION INCORPORATED

(Name of Corporation as currently filed with the Florida Dept. of State)

N19000004410

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Archangel Education Technology Foundation

*The new*

*name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp" or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

15421 W DIXIE HWY, #11

(Principal office address **MUST BE A STREET ADDRESS**)

N MIAMI BEACH, FL 33162

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

15421 W DIXIE HWY, #11

N MIAMI BEACH, FL 33162

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

N/A

N/A

New Registered Office Address:

(Florida street address)

N/A

Florida

(City)

(Zip Code)

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**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>N/A</u> Change <u>N/A</u> Add	<u>N/A</u>	<u>N/A</u>	<u>N/A</u> <u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
2) <u>N/A</u> Change <u>N/A</u> Add	<u>N/A</u>	<u>N/A</u>	<u>N/A</u> <u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
3) <u>N/A</u> Change <u>N/A</u> Add <u>N/A</u> Remove	<u>N/A</u>	<u>N/A</u>	<u>N/A</u> <u>N/A</u> <u>N/A</u>
4) <u>N/A</u> Change <u>N/A</u> Add	<u>N/A</u>	<u>N/A</u>	<u>N/A</u> <u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
5) <u>N/A</u> Change <u>N/A</u> Add	<u>N/A</u>	<u>N/A</u>	<u>N/A</u> <u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
6) <u>N/A</u> Change <u>N/A</u> Add	<u>N/A</u>	<u>N/A</u>	<u>N/A</u> <u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ 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

8/8/2024

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)

Massimo Miliano

(Typed or printed name of person signing)

Vice President

(Title of person signing)