## N1900000 6670

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	rsiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500345577645

86/01/20--81626--667 **\***≢35.66

7 N-17

## COVER LETTER

TO: Amendment Section
Division of Corporate

Division of Corporation	15			
	Let's Go Full ST.E	.A.M. Ahead, Inc.		
NAME OF CORPORATION	ON:	<del></del>		
	N19000006670			
DOCUMENT NUMBER:				
The enclosed Articles of An	rendment and fee are subm	natted for filing.		
Please return all corresponde	rice concerning this matte	er to the following:		
Joy E. Sandon, Esq.	•			
		(Name of Contact	Person)	
Chisholm Law Firm, LLC				
		(Firm! Compa	nu)	<del></del>
37 N Orange Ave. Suite 50	n	(Fune Compa	шуз	
<b>6</b>	-			
		(Address)		<del></del>
Orlando, FL 32801				
<del></del>			<del> </del>	
January and State 1		(City/ State and Zip	Code)	
legaldepartment@chisholm	inm,com			
i.	-mail address: (to be used	for future annual re	port notification	n)
For further information conc	eming this matter, please (	call.		
Joy E. Sandon, Esq.	-		407	674-2657
		a	ıt	
	(Name of Contact Person)	•	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	yable to the Florida	Department of	State:
S35 Filing Fee	☐\$43.75 Filing Fee & 1	<b>□\$</b> 43.75 Filim F∞	. B.	60 Filing Fee
	Certificate of Status	Certified Copy	Ceni	ficate of Status
		(Additional copy		lied Copy
		enclosed)		itional Copy is osed)
Mailing 4	ddrae	c.		
Mailing Address Amendment Section			<u>treet Address</u> mendment Seci	ion
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			ivision of Corp	
			lifton Building	***
		20	661 Executive (	Center Circle

Tallahassee, FL 32301

2008.1 -! -1.00.04

## Articles of Amendment to Articles of Incorporation of

Let's Go Full ST.E.A.M. Ahead, Inc.	01	
(Name of Corporation N19000006670	as currently filed with the Florid	Dept. of State)
(Docur	ment Number of Corporation (if know	n)
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation	rida Statutes, this <i>Florida Not For F</i>	rofit Corporation adopts the following
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the work "Company" or "Co." may not be used in the nam		or the abbreviation "Corp" or "Inc"
B. Enter new principal office address, if application of the principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
i). If amending the registered agent and/or registered agent and/or the new register		icr the nume of the
Name of New Registered Agent	922 REGENCY LAKES DR APT	301
	tFlora.	la street address)
New Registered Office Address:		33511 , Florida
	(Citv)	(Zip Code)
New Registered Agent's Signature, if changing I thereby accept the appointment as registered agen	Registered Agent:  at. I am familiar with and accept the	obligations of the position
` <del>-</del>	Signature of New Registere	d Avent it 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

 $P = President, V - Vice President, T = Treasurer, S = Secretary, D - Director, TR - Triotec, C - Chairman or Clerk, CEO <math>^+$  Chief Executive Officer; CFO  $^+$  Chief Financial Officer. If an otticer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTO

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, Salls. Smith is named the V and S. These should be noted as John Doe, P.F. as a Change-Mike Jones, V as Remove, and Salls Smith, SV as an Add.

Evample.  X Change X Remove X Add	<u>Y</u> <u>Mil</u>	n Dog Se Jones ly Smuh	
Type of Action (Check One)	Inte	Name	<u>Addres</u> s
1) Change	S	LaShonda Adams	922 REGENCY LAKES DR APT 301
Add			BRANDON, FL 33511
Remove			
2) Change	D	Zephra Beli	922 REGENCY LAKES DR APT 304
Add			BRANDON, FL 33511
Remove 3 ) Change	D	LaDonna Bromfield	6777 RASBERRY LN APT 1322
Add			SHREVEPORT, LA 71129
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change			
Add			~·····
Remove			
6) Change			<del></del>
Add			
Remove			

attach additional sheets, if necessary)	(Be specific)
	<del></del>
···-	
	<del></del>
	<del></del>

The	date of each amendment(s)	ndoption;	, if other than the
date	this document was signed		
Eff	sctive date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	e; If the date inserted in this bunnent's effective date on the I	slock does not meet the applicable statutory filing requirements, this date volepartment of State's records.	will not be fixted us the
Adı	option of Amendment(s)	( <u>CHECK ONE)</u>	
0	The amendment(s) was/were was/were sufficient for appro-	adopted by the members and the number of votes east for the amendments out.	SI
	There are no members or me- adopted by the board of dires		
	05/20/20	20	
	Dated		
		T// 1/2-	
	Signature		
	· •	airman or vice chairman of the board, president or other officer-if directors	•
		been selected, by an incorporator - if in the hands of a receiver, trustee, or a profitted fiduciary by that fiduciary)	
		ondru Micheé Hart	
	1.25111	read for the time of and t	
		(Typed or printed name of person signing)	
	Previo	dent and Founder	
		(Title of person signing)	

. .