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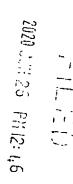
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:	LF THROUGH STUI	DIES, INC.	 -	
DOCUMENT NUMBER:	N19000009026				
The enclosed Articles of Art	nendment and fee are sub	mitted for filing.			_
Please return all correspond	ence concerning this matt	er to the following:			
Welby Joseph					
		(Name of Contact Pe	rson)		_
BETTER YOURSELF TH	ROUGH STUDIES, INC.				
		(Firm/ Company)		-
7901 Johnson Street Apt. 4	06				
		(Address)			_
Miami, FL. 33168					
		(City/ State and Zip C	Code)		_
welbyjo@gmail.com					
	-mail address: (to be used	for future annual rep	ort notification	1)	_
For further information cond	cerning this matter, please	call:			
Welby Joseph		at	786	566-6921	
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the f	ollowing amount made pa	ayable to the Florida D	Department of	State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

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

BETTER YOURSELF THROUGH STUDIES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N19000009026 (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: 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: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (Florida street address) New Registered Office Address: Florida _ (City) (Zip Code) 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: X Change X Remove A Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	SD	MONTERO, SARA	1100 NW 147th Street Miami, FL. 33168
X Remove 2) Change Add	TD	JEROME, JOANNE	1100 NW 147th Street Miami, FL. 33168
X Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
(attach additional shee	ts, if necessary).	ticles, enter change(s) here: (Be specific) ual. I don't have any body for those positions	yet.
			

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I he date of each amendment(s) adoption	:	. if other than the
date this document was signed.		
Effective date if applicable:		
Ellective date it applicable:	no more than 91) days after amendment file date)	
'	no more than 40 days after amenament file date)	
<u>Note:</u> If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be not of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

	mbers or members entitled to vote on the amendment(s). The amendment(s) was/were oard of directors.
Dated	- 06/23/2020 SA
Signatu	re
	(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)
	(Typed) or printed name of person signing)
	Tre side nt
	(Title of person signing)