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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

PARDES EDUCA NAME OF CORPORATION:	TIONAL RESOUR	CES			
N20000010253					
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this ma	ater to the following	2:			
ARI FELDMAN					
	(Name of Contac	t Person)		<u></u>	
ARI FELDMAN & ASSOCIATES					
	(Firm Comp	oany)			
17410 NE 9TH COURT					
	(Address	1			
MIAMI, Fl. 33162					
	(Citye State and Z	(ip Code)			_
CPA.ARI.FELDMAN@GMAIL.COM					
E-mail address: (to be use	ed for future annual	report no	tification	1)	
For further information concerning this matter, pleas	se call:				
ARI FELDMAN		786 at		397-7040	
(Name of Contact Perso		(Area	Code	(Daytime Telephone Number)	
Enclosed is a check for the following amount made	payable to the Flori	da Depart	ment of	State:	
■ \$35 Filing Fee □ S43.75 Filing Fee & Certificate of Status			Certiti Certiti	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Ac Amendme Division of The Cen	ent Secti of Corpo		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	01		
PARDES EDUCATIONAL RESOURCES		2	-2 7 12:51
Name of Corporation as currently filed with the Flori	ida Dept. of State)		
N20000010253			
(Document N	umber of Corporation	(if known)	
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Ne</i>	ot For Profit Corpo	ration adopts the following
A. If amending name, enter the new name of the corp-	oration:		
			The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name	poration" or "incorpor	rated" or the abbre	viation "Corp " or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-		
D. If amending the registered agent and/or registered		rida, enter the nan	ne of the
new registered agent and/or the new registered offi	ice address:		
Name of New Registered Agent:			·
New Registered Office Address:		(Florida street addres	· ·
			Florida
	(City)	,	(Zip Code)
New Registered Agent's Signature, if changing Registe (hereby accept the appointment as registered agent. I are		cept 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, it 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. It 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 tollowing 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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>V</u> <u>SV</u>	Iohn Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	··=·	-	
Remove			
2) Change Add			
Remove Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			<u> </u>
E. <u>If amending or addir</u> (attach additional shed		mal Articles, enter change(s) here. issary). (Be specific)	
The organization is organ	nized excl	usively for charitable, religious, educational, and s	scientific purposes under
section 501(c)(3) of the I	nternal Re	evenue Code, or corresponding sections of any fut	ure federal tax code.

		
<u> </u>		
		
The date of each amendment(s) adoption date this document was signed.	03/01/2021 on:	_, if other than the
Effective date if applicable:		
	tha more than 90 days after amendment file dater	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not ent of State's records.	be listed as the
Adoption of Amendment(s)	(CHECK ONE)	

■ 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 $\frac{3(3/202)}{}$
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)
(Typed or printed name of person signing)
(Title of person signing)