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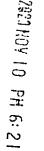
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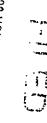


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COVER LETTER

TO: Amendment Section Division of Corporations

Sisters of Acade NAME OF CORPORATION:	emy Institute, Inc.	_		_
N20000011848 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are	<u> </u>			
Please return all correspondence concerning this	matter to the following:			
Anna Green				
	(Name of Contact Pe	erson)		_
N/A				
	(Firm/ Company	')		_
1320-206 Hendrix Road				
	(Address)	·		_
Tallahassee, Florida 32301				
	(City/ State and Zip	Code)		_
anna.green08@yahoo.com				
E-mail address: (to be	used for future annual rep	ort notificatio	n)	_
For further information concerning this matter, pl	lease call:			
Kimerbly Tucker	al	877	829-5500	
(Name of Contact Pe		(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the following amount made	de payable to the Florida l	Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	tus Certified Copy (Additional copy i enclosed)	Certit s Certit (Addi	0 Filing Fee Scate of Status Sed Copy Stional Copy is Sosed)	
Mailing Address Amendment Section		reet Address nendment Sect	ion	
Division of Commentions		dalan se Cu-		

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Sisters of the Academy Institute, Inc.						
(Name of Corporation as currently filed with the	Florida D	ept. of State)				_
N/A						
(Docume	nt Numbe	er of Corporation	ı (if known)		•	_
Pursuant to the provisions of section 617,1006. Floridation amendment(s) to its Articles of Incorporation:	da Statute	s, this <i>Florida?</i>	sot For Profit Corp	oration adopts the	e followii	ายู
A. If amending name, enter the new name of the	corporati	on:				
N/A					The ne	ıc
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporat	ion" or "incorp	orated" or the abbr	eviation "Corp."		
B. Enter new principal office address, if applicab	le:	N/A				
(Principal office address MUST BE A STREET AD		N/A				_
		N/A			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>OX</u>)	N/A			··· -	_
		N/A				
		N/A				_
D. If amending the registered agent and/or registered			orida, enter the na	me of the		
new registered agent and/or the new registered	u office ac N/A	<u>juress:</u>				
Name of New Registered Agent:						_
<u></u>	N/A	·	<u>. </u>	<u> </u>	_	_
New Registered Office Address:			(Florida street addr	2381		
1	N/A			. Florida N/A		
-		(City)		_, Florida (Zip Code)		_
New Registered Agent's Signature, if changing Re	nistored	Agent:			292	
I hereby accept the appointment as registered agent.			eccept the obligation	as of the position.	929 NOV 1 O	* .* :
				· · · · · · · · · · · · · · · · · · ·	5	
	Siç	mature of New I	Registered Agent, if	changing	3	i
					&.	: [

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	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	N/A	N/A	N/A N/A
Remove 2) Change Add	N/A	<u>N/A</u>	N/A N/A N/A
Remove 3) Remove Add Remove	<u>N/A</u>	N/A	N/A N/A N/A N/A
4) Change Add	N/A	<u>N/A</u>	N/A N/A
Remove 5) Change Add Remove	<u>N/A</u>	N/A	N/A N/A N/A
6) Change Add	N/A	N/A	N/A N/A
		cles, enter change(s) here: (Be specific)	NA
Article IX; Dissolution: In	n the event of the o	dissolution of Sisters of the Academy Institut	e Inc, or in the event it shall cease to
carry out the objects and	purposes herin set	forth, all the property and assets of Sisters o	f the Academy Institute,
after the payment and sati		ilities and obligation of said then exsisting, s	hall be transfered, conveyed and be
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		·
The date of each amendmen	October 27, 2020	if other than the
date titis document was signer	•	
Effective date <u>if applicable</u> :	October 27, 2020 (no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the document's effective date.	is block does not meet the applicable statutory filing requirence became to fill the control of State's records.	nents, this date will not be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

here are no members or members entitled to vote on the amendment(s). The amendment(s) was/were dopted by the board of directors.
October 27, 2020 Dated
Signature Tumaia for travelleres
(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)
Tamara Bertrand Jones
(Typed or printed name of person signing)
President
(Title of person signing)