

11/23/21, 7:10 PM

Division of Corporations

N2100004721

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : JAMES ACCOUNTING & TAX PRACTICE, INC.
Account Number : I20000000159
Phone : (305)595-2886
Fax Number : (305)595-2898

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: verna@jamesaccounting.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
H.A.P.P.Y. TUTORING, INC.**

Certificate of Status	0
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NOV 29 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment
to
Articles of Incorporation
of

IL.A.P.P.Y. Tutoring, Inc

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

N21000004721

(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:

_____ 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:

(Principal office address MUST BE A STREET ADDRESS)

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

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

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

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

~~For Purpose: H.A.P.P.Y. Tutoring, Inc. is a nonprofit tutoring program to benefit those who need access to help for english or math. We~~

~~to or primarily elementary through middleschoolers, in breakout rooms with studying their assignments etc. Tutoring takes~~

~~place via zoom due to the pandemic, but can hopefully resume in person eventually. Each session takes up to an hour, or less~~

~~depending on what the student would prefer. G. No part of the net earnings of the corporation shall inure to the benefit of, or be~~

~~distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized~~

and empowered to pay reasonable compensation for services rendered and to make payments and

distributions in furtherance of the purposes described in section 501(c)(3). No substantial part of the activities of

~~the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the~~

corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any

political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other

provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a

corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the

corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code."

~~H. Dissolution: Upon the dissolution of I.A.P.P.V. Tutoring, assets shall be distributed for one or more exempt purposes~~

~~within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax~~

~~code, or shall be distributed to the federal government, or to a state or local government, for a public purpose."~~

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

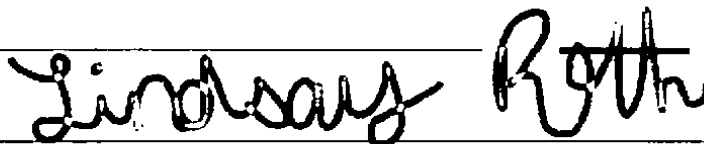
- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

11/15/21

Dated

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)

Lindsay Roth

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FLORIDA