N21000005330

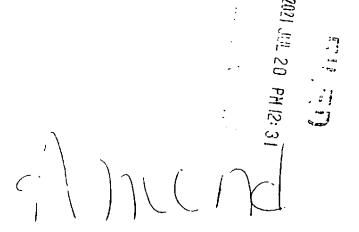
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ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

THE CONTINEN NAME OF CORPORATION:	TS STATES UNIVER	SITY INC	
N21000005330			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Ricky Madison			
	(Name of Contact P	erson)	- 11
	(Firm/ Compan	v)	
	(Time Compan	<i>2 '</i>	
618 E SOUTH ST STE 500			
	(Address)	_ .	-
ORLANDO, FL 32801			
	(City/ State and Zip	Code)	
TO A CONTRACTOR OF THE STATE OF THE		•	
TAX-EXEMPTION@CONTINENTS.US			
E-mail address: (to be u	sed for future annual re	port notificatio	n)
For further information concerning this matter, ple	ase call:		
Ricky Madison	-11	(407)	504-7441
(Name of Contact Pers		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu		Certit is Certit	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address	St	reet Address	
Amendment Section	A	mendment Sect	
Division of Cornorations	Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

THE CONTINENTS STATES UNIVERSITY INC

(Name of Corporation as currently filed with the Florida De	pt. of State)	
N21000005330		
(Document Number	of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>	
N/A		The new
name must be distinguishable and contain the word "corporation "Company" or "Co." may not be used in the name.	m" or "incorporate	ed" or the abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		2021 Jul 20
•		<u> </u>
-		2
C. Enter new mailing address, if applicable:	N/A	0
(Mailing address MAY BE A POST OFFICE BOX)		TO CONTRACT OF THE CONTRACT OF
-	** \	2:
		· <u>3</u>
The state of the s	adduses in Florid	antor the purpo of the
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	dress:	a, enter the name of the
NIA		
Name of New Registered Agent:	,,	
		Uorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	sgent: iliar with and accep	of the obligations of the position.
- Sta	natura of Mose Bossi	sered 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: N/A

(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 V SV	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>		
l) Change Add					
Remove					
2) Change Add					
Remove 3 Change Add Remove	•———,,,,,,,				
4) Change Add					
Remove					
5) Change Add					
Remove					
6) Change Add					
Remove					
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
ADD ARTICLE: The org	anization	is organized exclusively for charitable and educationa	purposes under section 501e3 of		
the Internal Revenue Cod	e, or the c	corresponding section of any future federal tax code. U	pon the dissolution of the		
organization, assets shall	be distrib	uted for one or more exempt purposes within the mean	ing of section 501(c)(3) of the		
Internal Revenue Code, o	r correspo	onding section of any future federal tax code, or shall b	e distributed to the federal		
government, or to a state	or local g	overnment, for a public purpose.			

The date of each amendment(s) add date this document was signed.	option:	 	, if other than the
·		 	
		 	·····
	<u>.</u>		
			

<u>Note:</u> 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)

	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 _	uly 11, 2021			
	Signature <u>f</u>	Ricky Madison			
	(P	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)			
		Ricky Madison			
		(Typed or printed name of person signing)			
		President			
		(Title of person signing)			

Salar Sa