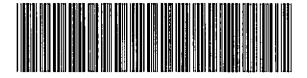
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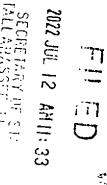
(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

Living Legacy NAME OF CORPORATION:	Academy, INC		
N21000007441 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee ar	re submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Erica Carde			
	(Name of Contact Pe	erson)	
Living Legacy Academy			
	(Firn/ Company	y)	
1080 Cypress Pkwy #1158			
	(Address)		
Kissimmee, FL 34759			
	(City/ State and Zip	Code)	
info@livinglegacyacademy.org			
E-mail address: (to b	e used for future annual rep	port notification	1)
For further information concerning this matter,	please call:		
Erica Carde	at	941	548-9948
(Name of Contact F		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of St		Certifi s Certifi	Filing Fee cate of Status ed Copy is sed)
Mailing Address Amendment Section		reet Address nendment Secti	on

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

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



Living Legacy Academy, INC

(Name of Corporation as currently filed with the Flo N21000007441	orida Dept. of State)	
	Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F)	orida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered agent. If		the obligations of the position.
	Signature of New Regist	ered 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 X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add			
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add		<u> </u>	
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: ssary). (Be specific)	
Article III: The specific p	urpose fo	r which this corporation is organized is exclusively	for training, educational, and
charitable purposes as wi	ill qualify	it as an exempt organization under section 501(c)(2	3) of the internal revenue code.
Upon termination or disso	olution of	this corporation, any available assets shall be distri	buted for one or more exempt
purposes within the mean	ing of sec	ction 501(c)(3) of the Internal Revenue Code, or cor	responding section of any future

Any assets not disposed of shall be disposed of by the Court of the County in which	th the principal office of the corporation is
then located, exclusively for such purposes.	
The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable: 07/01/2022	
(no more than 90 days after amendmen	t file date)

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)

Dated	07/01/2022
Signatur	(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)
	Erica Carde
	(Typed or printed name of person signing)

(Title of person signing)