## 17270000017734

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A. RAMSEY
FEB - 1 2000

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Empowerment Edu				
N220000077					
DOCUMENT NUMBER:				· · · · · · · · · · · · · · · · · · ·	<del>.</del>
The enclosed Articles of Amendment and	d fee are submitted	for filing.			
Please return all correspondence concern	ing this matter to th	e following:			
Angelica Santiago					
	(Nam	e of Contact Perso	n)	<del></del>	
Santiago Consulting Group, LLC					
<del></del>	(1	Firm/ Company)			
15181 Sugargrove Way					
		(Address)			
Orlando, F1. 32828					
••	(City/	State and Zip Cod	e)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
angelica@santiagoconsultinggroup.com					
E-mail addres	s: (to be used for fu	ture annual report	notification	i)	
For further information concerning this n	natter, please call:				
Angelica Santiago		•	7	547-6178	
(Name of Co	ontact Person)	(A)	rea Code)	(Daytime Telephone Nu	umber)
Enclosed is a check for the following am	ount made payable	to the Florida Dep	artment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee Certification	te of Status Cer (Ad	.75 Filing Fee & lified Copy ditional copy is losed)	Certifi Certifi	Filing Fee cate of Status ed Copy tional Copy is sed)	
Mailing Address Amendment Section			Address Iment 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

2022 NOV -4 AM 10: 54

Access Empowerment Education, Inc.

(Name of Corporation as currently filed with the	: Florida Dept. of S	<u>state</u> )	10. 34
N22000007734		<i>i</i>	
(Docun	nent Number of Cor	poration (if known)	
Pursuant to the provisions of section 617,1006, Floramendment(s) to its Articles of Incorporation:	rida Statutes, this Fl	lorida Not For Profit Corporation adopts t	he following
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name		'incorporated" or the abbreviation "Corp.	" or "Inc."
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	ble: <i>DDRESS</i> )		<del> </del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )		
D. If amending the registered agent and/or registered agent and/or the new register		ss in Florida, enter the name of the	
	Angelica Santiago		
Name of New Registered Agent:	1066 Plaza Dr.		
New Registered Office Address:	1000 7 1424 121.	(Florida street address)	<del></del>
	Kissimmee	. Florida	3
	(City)		
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with Signature of	th and accept the obligations of the position	1.

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 De           V         Mike Jo           SV         Şally Sr	ones .	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) × Change Add	<u>P</u>	Angelica Santiago	1066 PLAZA DR. KISSIMMEE, FL 34743
Remove  2) × Change Add	<u>VP</u>	Loarina Reves	1066 PLAZA DR. KISSIMMEE, FL 34743
Remove 3 ) Remove Add x Remove	<u>T</u>	David Mercado	1066 PLAZA DR. KISSIMMEE, FL 34743
4) Change Add	<u>T</u>	Edward Reyes	1066 PLAZA DR. KISSIMMEE, FL 34743
Remove  5) Change	<u>S</u>	Omavra Fuentes	1066 PLAZA DR. KISSIMMEE, FL 34743
Remove 6) Change Add	<u>O</u>	Glorienid Mercado	1066 PLAZA DR. KISSIMMEE, FL 34743
Remove  E. If amending or addin (attach additional shee)		cles, enter change(s) here: (Be specific)	
· <del>-</del>		AZA DR. KISSIMMEE, FL 34743 ZA DR. KISSIMMEE, FL 34743	

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The date of each amendment(s) ad date this document was signed.	option:	. if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this blod document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not boartment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s) il.	

adopted by th	e board of directors.
Dated Signa	
	(Typed or printed name of person signing)
	President
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

. . .