N22000012870

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COVER LETTER *

TO: Amendment Section 'Division of Corporations

NAME OF CORPORATION:	c.		
N22000012870			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub-	mitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Donna Savary			
	(Name of Contact P	erson)	
Learning Central, Inc.			
	(Firm/ Compan	y)	
27 Feli Way			
	(Address)		
Crawfordville, Florida 32327			
	(City/ State and Zip	Code)	
learningcentral22@gmail.com			
E-mail address: (to be used	l for future annual re	port notification	1)
For further information concerning this matter, please	call:		
Donna Savary	at	850	294-2920
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida	Department of	State:
☐ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	D Filing Fee cate of Status ed Copy tional Copy is sed)
Mailing Address Amendment Section		reet Address mendment Secti	ion

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

Learning Central, Inc.			
(Name of Corporation as currently filed with the Flori	da Dept. of State)		
N22000012870			
(Document N	umber of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not</i>	For Profit Corporation adopts the following	lowing
A. If amending name, enter the new name of the corpo	oration:		
N/A		Th	ie new
name must be distinguishable and contain the word "corp" "Company" or "Co." may not be used in the name.	ooration" or "incorpora		
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRE	ESS)		
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)			
			
			2
D. If amending the registered agent and/or registered	office address in Flori	do antor the name of the	cs ت
new registered agent and/or the new registered offi		ua, enter the name of the	Ħ
N/A Name of New Registered Agent:			<u></u>
		· · · · · · · · · · · · · · · · · · ·	23 JUL 14 AM
		(Florida street address)	က္
New Registered Office Address:			00
N/A		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registe			
I hereby accept the appointment as registered agent. I ar	n familiar with and acco	pt the obligations of the position.	
·	Signature of New Rey	istered 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	PT John De V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change Add	<u>D</u>	Donna Young	124 Fisher Mill Dr. McDonough, Georgia 30252
Remove			
2) Change Add	<u>D</u>	Wanda Daniels	12 Conifer Ct. Crawfordville, Florida 32327
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee.		cles, enter change(s) here: (Be specific)	
N/A			
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	,
The date of each amendment(s) adoption: 06/01/2023 date this document was signed.	, if other than t
06/01/2023	
Effective date if applicable: (no more than 90 de	ays after amendment file date)
	icable statutory filing requirements, this date will not be listed as the
abcument's effective date on the Department of State's record	5.
Adoption of Amendment(s) (CHECK ONE)	

■ The amendment(s) was/were adopted by the members and the number of votes east 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 dopted by the board of directors.
Dated 06/01/2023
Signature (By the chairman of 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) Donna Savary
(Typed or printed name of person signing)
Director/Registered Agent
(Title of person signing)