

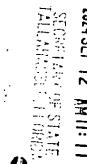
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Ydeas Public	e Heath and Education,	Inc.		
N23000015266				
				<u> </u>
The enclosed Articles of Amendment and fee	are submitted for filing	;.		
Please return all correspondence concerning the	his matter to the following	ing:		
Islara X Souto				
	(Name of Cont	act Person)		-
Ydeas Public Health and Education, Inc.				
	(Firm/ Co	npany)		
1638 SW 11th Terrace, Ste B				
	(Addre	ess)		<u>.</u>
Miami, FL 33135				
	(City/ State and	d Zip Code)		
Islaraxs@ydeasinc.org				
_	be used for future annu	nal report no	tification	1)
For further information concerning this matter	r, please call:			
Islara X Souto		786 at		815-8838
(Name of Contact		(Are:	(Code	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Flo	orida Depar	tment of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of		ру	Certifi Certifi	Difiling Fee icate of Status ied Copy is iconal Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Division	ent Secti of Corpo	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Y deas Public Health and Education, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N23000015266	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit C</i> amendment(s) to its Articles of Incorporation:	Corporation adopts the followin
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 c "Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	2024 S SEUR TAL
C. Enter new mailing address, if applicable:	- 2 第2 9 m
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-
	#S # 1
	<u> </u>
D. If amending the registered agent and/or registered office address in Florida, enter the	e name of the
new registered agent and/or the new registered office address:	• F
Name of New Registered Agent: Islam X. Souto	
1638 SW 11th Terrace, Suite B	
(Florida street	address)
New Registered Office Address:	
Miami	, Florida <u>33135</u>
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the control	ations of the position.
alslava Sos	te_
Signature of New Registered Agen	nt, 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 D Y Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add	<u>P</u>	Islara B. Souto	1638 SW 11th Terrace, Suite B Miami, FL 33135
X Remove			
2) × Change Add	PTD	Islara X. Souto	1638 SW 11th Terrace, Suite B Miami, Fl. 33135
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
F. If amending or additional sheet		ticles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption	. April 20, 2024				, if other than the
date this document was signed.	• ————			_	
Effective date <u>if applicable</u> :	<u> </u>				 -
(-	no more than 90 de	ys after amendme	nt file date)		
Note: If the date inserted in this block does	not most the small	nahla etatutaro 60	na manienment	s this date will not	be listed as the
Note: If the date inserted in this block does does document's effective date on the Department	anot meet the appli at of State's records	CAOIC STAUMOLY IIII S	ng requirement	a, and date win not	or marco us me
accument a effective date on the izepartmet	it of state 3 fecolu	··			
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.

Dated	08/29/2024
Dated	
Signatu	
	(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)
	1 1 .
	Stephan L. Linn
	(Typed or printed name of person signing)
	VP
	(Title of person signing)