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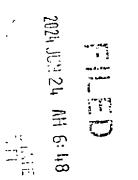
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Junxin Zhao

1008 Gospel Rd

Fort Walton Beach, FL. 32547

Email: zjxjohnzhao@gmail.com

Phone: +1 914-751-4624

Amendment Section

**Division of Corporations** 

Department of State

State of Florida

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Dear Division of Corporations.

## Acknowledgement of Filing Fee

I am writing to acknowledge the receipt of the Filing Fee for amending the articles of incorporation – TURE LOVE ACADEMY, INC. The payment was made on June 20, 2024, in the amount of 35 \$.

Please find the enclosed check in the mail.

If there are any issues or discrepancies regarding this payment, please do not hesitate to contact me at 916-751-4624 or zixjohnzhao@gmail.com

Thank you for your attention to this matter.

Sincerely,

Junxin Zhao

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION:                                   | <u>LOVE</u>                           | ACA DE                       | MY, IN                    | C.         |
|--|---------------------------------------|------------------------------|---------------------------|------------|
| DOCUMENT NUMBER: N240                                  | 0000 5054                             | <del>t</del>                 |                           |            |
| The enclosed Articles of Amendment and fee are sub     |                                       | <u></u>                      |                           |            |
|  | _                                     |                              |                           |            |
| Please return all correspondence concerning this mat   | ter to the following:                 |                              |                           |            |
| JUNXIN ZHAO  |                                       |                              |                           |            |
|  | (Name of Contact Pers                 | son)                         |                           |            |
|  |                                       |                              |                           |            |
|  | (Firm/ Company)                       |                              |                           | <u>.</u>   |
| 1008 GOSPEL RI   | <b>^</b>                              |                              |                           |            |
| 1008 GOSPEL RI   | (Address)                             |                              |                           |            |
|  |                                       | N                            | _                         |            |
| FORT WALTON  | BEACH,                                | <u>FL</u>                    | 32547                     | <u>US</u>  |
|  |                                       |                              |                           |            |
| zjxjohnzhao @gmail<br>E-mail address: (to be use       | .com                                  |                              |                           |            |
|  |                                       | rt notification              | )                         |            |
| For further information concerning this matter, please | e call:                               |                              |                           |            |
| JUNXIN ZHAO  | at                                    | 1                            | 914 751                   | 4624       |
| JUNXIN ZHAO (Name of Contact Person                    | n) at (/                              | Area Code)                   | (Daytime Telepho          | ne Number) |
| Enclosed is a check for the following amount made p    | ayable to the Florida De              | partment of S                | State:                    |            |
| \$35 Filing Fee \$\Bigcup\$\$43.75 Filing Fee &        | □\$43.75 Filing Fee &                 | □\$52.50                     | Filing Fee                |            |
| Certificate of Status                                  | Certified Copy<br>(Additional copy is | Certifi                      | cate of Status<br>ed Copy |            |
|  | enclosed)                             | (Addit                       | ional Copy is             |            |
|  |                                       | Enclos                       | sed)                      |            |
| <u>Mailing Address</u> Amendment Section               |                                       | et Address<br>ndment Section | on.                       |            |
| Division of Corporations                               |                                       | sion of Corpo                |                           |            |
| P.O. Box 6327  |                                       | Centre of Ta                 |                           |            |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment**

to

Articles of Incorporation of

| TRUE LOVE A  |   |                     | FILER                                   |
|--|---|---------------------|---|
| (Name of Corporation as currently filed with   |   | f State)            | 0.00                                    |
| <u>N24 000005052</u>   | <del> </del>                                  |                     | 2024 JUN 24 AH 6: 48                    |
|  | cument Number of C                            | orporation (if knov |   |
| Pursuant to the provisions of section 617.1006. I amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of |   | Florida Not For F   | Profit Corporation adopts the following |
| A. If antending name, cuter the new name of  | the corporation.                              |                     |   |
| name must be distinguishable and contain the w   | and "corneration" a                           | r "incorporated"    | The new                                 |
| "Company" or "Co." may not be used in the na   |   | псогрогитей т       | in the distrevitation Corp. or the.     |
| B. Enter new principal office address if and   | inalia.                                       |                     |   |
| B. Enter new principal office address, if appl (Principal office address MUST BE A STREET  |   |                     |   |
| <del></del>  |   |                     |   |
|  |   |                     |   |
|  |   |                     |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC  | TE ROX)                                       |                     |   |
| (  |   |                     |   |
|  | <del></del>                                   |                     |   |
|  |   |                     |   |
| D. If amending the registered agent and/or re  | enistared office add                          | occ in Florida an   | ter the nume of the                     |
| new registered agent and/or the new regis  |   |                     | ter the name of the                     |
| Name of New Registered Agen  | ».  |                     |   |
| name of new Neglaterea Agen  | <u> </u>                                      |                     |   |
|  |   | (Flore              | la street address)                      |
| New Registered Office Addre  | <u>ss</u> :                                   | (2 103 10           | a sireta adair (33)                     |
|  |   |                     | . Florida                               |
|  | (City   | ;)                  | (Zip Code)                              |
| Now Degistered Ament) Simustone if the min   | - DS-4 A                                      |                     |   |
| New Registered Agent's Signature, if changin<br>I hereby accept the appointment as registered as   | g Registered Agent:<br>zent. – Lam familiar v | with and accept the | obligations of the position.            |
|  |   | •                   |   |
|  |   |                     |   |
|  | Signature                                     | of New Registere    | d Agent, if changing                    |
|  |   |                     |   |
|  |   |                     | •                                       |

| And address of each Officetach additional sheets, Please note the officer/dir P = President; V = Vice P | icer and/or Direct if necessary) rector title by the f resident; T= Trea rechief Financial ( | first letter of the office title:<br>surer; S= Secretary; D= Director; TR= Trust<br>Officer. If an officer/director holds more than | ee: C = Chairman or Clerk: CF() = Chief  |
|---|--|---|--|
| Changes should be noted<br>a change, Mike Jones lear<br>Mike Jones, V as Remove,                        | ves the corporation  | anner. Currently John Doe is listed as the PS<br>n, Sally Smith is named the V and S. These sho<br>SV as an Add.                    | T and Mike Jones is listed as the V. There is ould be noted as John Doe, PT as a Change, |
| Example: X Change X Remove X Add  | PT         John Do           V         Mike Jo           SV         Sally Sr                 | nes   |  |
| Type of Action (Check One)  | <u>Title</u>   | <u>Name</u>   | <u>Addres</u> s  |
| 1) Change Add Remove  |  |   |  |
| 2) Change Add   |  |   |  |
| Remove 3) Remove — Add Remove   |  |   |  |
| 4) Change Add   |  |   |  |
| Remove  5) Change Add   |  |   |  |
| Remove 6) Change Add  |  | <del></del>   |  |
| E. If amending or addin (attach additional sheet  | g additional Artic<br>ts, if necessary).   | cles, enter change(s) here: (Be specific)   |  |
| Amending A  | Article III  | (Please change the specific   | c purpose for which  |
| _this_corporation   |  |   | <u> </u>   |
|   |  | ase for which this corporation  |  |
| <u> Private</u>   | <u>Liristian</u>   | School from K-12.   |  |

| •   |                         |                        |                 |                     |                                       |
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|   |                         |                        |                 |                     |                                       |
|   |                         |                        |                 |                     |                                       |
| The data of each amondment(s) adopt   | ·                       |                        |                 |                     |                                       |
| The date of each amendment(s) adopt date this document was signed.                  |                         | <del>-</del>           | <del></del>     |                     | , if other than the                   |
| Effective date <u>if applicable</u> :   | June 25,                | 2024<br>vs after amena | dment file dat  | e)                  |                                       |
| Note: If the date inserted in this block d document's effective date on the Departs | oes not meet the applic | cable statutory        |                 |                     | l not be listed as the                |
| Adoption of Amendment(s)  | (CHECK ONE)             |                        |                 |                     |                                       |
| The amendment(s) was/were adopte was/were sufficient for approval.                  | ed by the members and   | I the number o         | f votes cast fo | or the amendment(s) | )                                     |

| Δ | 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 <u>June 20, 2024</u>   |
|   | Signature Junion Than  |
|   | (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) |
|   | JUNXIN ZHAO  |
|   | (Typed or printed name of person signing)  |
|   | President (Title of person signing)  |