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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATI	ON:	ENTORING & INSTE	RUCTION, IN	'C		_
DOCUMENT NUMBER:	N94000003746					
The enclosed Articles of Ar	-	omitted for filing.				-
Please return all correspond	lence concerning this mat	ter to the following:				
ALLAN NIEB						
		(Name of Contact Pe	erson)	- ·		-
SILVER RIVER MENTOR	RING & INSTRUCTION	, INC				
-		(Firm/ Company	')			-
2500 SE 44TH CT						
		(Address)				-
OCALA / FL / 34471						
	 	(City/ State and Zip (Code)			-
ALLAN.NIEB@MARION	.K12.FL.US					
-1	E-mail address: (to be use	d for future annual rep	ort notificatio	n)		-
For further information con	cerning this matter, please	e call:				
ALLAN NIEB		at	352	6940191	51.	, <u>,</u>
	(Name of Contact Person		(Area Code)	(Daytime Telepho	one Number)	== ==
Enclosed is a check for the	following amount made p	ayable to the Florida [Department of	State:		91 AVII EGUG
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	OF STATE	- F. H. H.

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address

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

SILVER RIVER MENTORING AND INSTRUCTION, INC.

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The new
or "Inc."
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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 Je SV Sally St	<u>ones</u>				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s			
1) Change Add	<u>D</u>	NEBESNYK	2500 SE 44TH CT OCALA FL. 34471			
 x Remove 2) Change x Add 	<u>D</u>	ALLAN NIEB	2500 SE 44TH CT OCALA, FL 34471			
Remove 3) Change Add Remove						
4) Change Add			SECULETY AT L			
Remove 5) Change Add		 ·	Albert F			
Remove 6) Change Add			EL TATE			
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)						
		ntive Director and Allan Nieb is not on the co				

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		SECRETARY OF STATE TALLAHASSEE, FL. S
		2023 MAY 16 PH 4: 47 SECRETARN OF STAT TALLAHASSEE, FL
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		主義の方
		255 PP
		新兴 王
		TA +
The date of each amendment(s) as	landia	if other than the
date this document was signed.	loption:	, it other than the
Effective data if		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requireme	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for that.	ne amendment(s)

Dated

05/10/2023

Jaicu

Signature,

(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)

(Typed or printed name of person signing)

(Title of person signing)

SECRETARY OF STATE