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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ration: The 1	VET Training	g Institute, In 3
DOCUMENT NUM	BER: N 98	00000670	3
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
		La Cour f Contact Person)	<u>. </u>
	The NET THE	aining Institu	ite, Inc
	POB	Address)	
	Orlando,	FL 32840 ate and Zip Code)	
	E-mail address: (to be use	EDUCTINSTITULE Ed for future annual report notific	te. Org
For further information	on concerning this matter, pleas	se call:	
lean	La Cour	at (<u>407</u>) 34	7-0860
(Name	of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check f	or the following amount made	payable to the Florida Departmen	nt of State: C+174Z
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
·	ing Address ndment Section	Street Address Amendment Section	,
	ion of Composions	Division of Corporat	ions

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

The NET Train() (Name of Corporation as curren	of Institute, I	TOC.
(Name of Corporation as curren	My med with the Florida Dept. t	<u>n State</u>)
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Income	lorida Statutes, this <i>Florida Not F</i>	For Profit Corporation adopts
A. If amending name, enter the new name of t	the corporation:	
NET T	raining Institu	ute Inc.
The new name must be distinguishable and con		
abbreviation "Corp." or "Inc." "Company" or		<u>re.</u>
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		
(1. Melpar office damess <u>Most bb (1.01.1888)</u>		1 H
		HAR 30
C. Enter new mailing address if applicables	1	O P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)	# 98 <u>8</u>
		52°
D. <u>If amending the registered agent and/or registered agent and/or the new registered</u>		ı, enter the name of the
_		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a position.		accept the obligations of the

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)

<u>Title</u>	Name		Address	Type of Action
	- 			Add Remove
E. If amen	ding or adding addition distinct distribution of the distribution	nal Articles, enter cl ssary). (Be specific	hange(s) here:	
				

The date of each amendment(s) adoption: March 24, 22//
Effective date if applicable: / WMEA) ATE (V
(no more than 90 days after amendment file date)
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.
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
Signature Slan da Ouz
(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, of other court appointed fiduciary by that fiduciary)
Jean La Cour
(Typed or printed name of person signing)
President
(Title of person signing)