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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (3<del>0</del>5)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN YOUR MATH GURU INC.

Certificate of Status	0
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OCT 12 2021

S. PRATHER

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Articles of Amendment		2021 OCT
10	Ξ	9
Articles of Incorporation	SS.F	
"YOUR MATH GURU INC".	HH C	=
(Name of Corporation as currently filed with the Florida Dept. of State)		<u>≯</u> [
P06000111885	STATE LORIDA	0:
(Document Number of Corporation (if known)	.>	<del>-</del>
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followits Articles of Incorporation:	⁄ing amend	ment(s) to
A. If amending name, enter the new name of the corporation:		
	The n	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contichartered," "professional association," or the abbreviation "P.A."	ttion "Corp tain the wo	).," ord
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		-
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_
	<del>-</del> · -	_
D. If amending the registered agent and/or registered office address in Florida, enter the name of the		-
new registered agent and/or the new registered office address:		
Name of New Registered Agent		
Theide wood address)		
(Florida street address)		
New Registered Office Address: , Florida (City) , City	ip Code)	_
(City)	p Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position	7.	
Signature of New Registered Agent, if changing		
Check if and licekte		

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

## 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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	VP	JUSTO ASPIAZU	4050 SW 94TH AVE	
Add			MIAM1, FL 33165	_
XX Remove	VP	FRANKLYN SAUCEDA	4050 SW 94TH AVE	_
2) Change Add			MIAMI, FL 33165	_
XX Remove 3) Change	VP	ANA CRISTINA ARGIMON	4050 SW 94TH AVE	_
Add			MIAMI, FL 33165	_
XX Remove				_
4) Change				-
Remove				_
5) Change	<del></del>			_
Add				_
Remove				_
6) Change				_
Add				_
Remove				

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
	<del></del>
	<del>-</del>
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
ECLASIFIED DISTRIBUTION OF OWNERSHIP OF SHARES WILL BE AS FOLLOWS:	
RESIDENT ALEJANDRO ARGIMON 50% OF SHARES	
ICE PRESIDENT ANIBAL ROCKBRAND 50% OF SHARES	
· · · · · · · · · · · · · · · · · · ·	
	· — — —

The date of each amendment(s) adopt date this document was signed.	ion:	if other than the
Effective date if applicable:	(no more than 90 days after amendment flie date)	<del>_</del>
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will ment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder action and	d shareholder
by the shareholders was/were suffic	ved by the shareholders through voting groups. The following statement	SEC TALL
	ch voting group entitled to vote separately on the amendment(s).  r the amendment(s) was/were sufficient for approval	OUT KE [AI AHAS
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SEB
10/08/2021 Dated	(voting g-oup)	OF STATE E. FLORIDA
selected, appointe	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
in Sulmuli in service (1994 <del>)</del> Totalista in the control	ANIBAL ROCKBRAND  (Typed or printed name of person signing)  VICE-PRESIDENT	
-	(Title of norman cioning)	