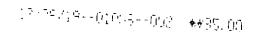
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Academic Options, Inc.				
DOCUMENT NUMBER: <u>P0600145520</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person Academic Octions True Firm Company 8251 Triana Point Avenue Address				
Boynton Beach FL 33473 City/State and Zip Code				
F-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (954), 491 5860 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				

Articles of Amendment

to

Articles of Inc	٠ - حق
Academic Oottons.	TOG SE
	ly filed with the Florida Dept. of State)
P06000145520	3
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "co" Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Same
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Game	
Whitele str	vet address)
New Registered Office Address:	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar w	
Signature of New Re	egistered Agent it'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.

Mike Jones, V as Remove Example:	and Sal	ly Smith, SV as an Add.		
X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	\vee	Robert Rickel	8251 Triana Point Boynton Beach, FL 331	
X_ Add			Boynton Beach, FL 331	
Remove				
2)Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u> </u>	<u> </u>	
Add				
Remove				
6) Change				
Add				
Remove				
		Page 2 of 4		
E. If amending or addir	<u>ig additi</u>	onal Articles, enter change(s) here:		

(Attach additional sheets, if necessary). (Be specific)

•	
	
F. 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)	
· · · · · · · · · · · · · · · · · · ·	
 	
Page 3 of 4	
The date of each amendment(s) adoption: Tarvay 1, 2020 if other the date this document was signed.	nan the
Effective date if applicable: Joyu J JOD (no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	•	The number of votes cast for the amendment(s)
	-	s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was	s/were sufficient for approval
by		
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	oted by the board of direc	etors without shareholder action and shareholder
The amendment(s) was/were adopaction was not required.	oted by the incorporators	without shareholder action and shareholder
selected	ector, president or other	officer – if directors or officers have not been n the hands of a receiver, trustee, or other court iary)
-	OILL RICK (Typed or prin	e ted name of person signing)
- (President Title of person signing)	