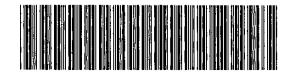
P0800006099

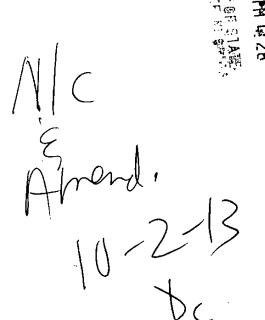
(Re	questor's Name))
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
·		3/8/3

Office Use Only



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09/24/13--01011--020 **43.7



COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Legal Education Center of Florida, Inc. DOCUMENT NUMBER: P0800006099 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Pamela Wynn Name of Contact Person Firm/ Company PO Box 1374 Address Lake Worth FL 33460-1374 City/ State and Zip Code pam@pamelawynn.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Pam Wynn Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee. □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy

Mailing Address

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

Street Address

(Additional copy is

enclosed)

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

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to · Articles of Incorporation of

· of	在行			
Legal Education Center of Florida Inc.				
(Name of Corporation as currently filed with the Florid	a Dept. of State)	6 3 3		
P08000006099		24 A H		
(Document Number of Corporation (if kno	wn)	28		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	ida Profit Corporation adopts the following	amendment(s)		
A. If amending name, enter the new name of the corporation:	•			
Wynning Enterprises, Inc.	7	The new		
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", word "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must co			
B. Enter new principal office address, if applicable:	S10 S Palmway			
	ake Worth FL 33460			
_	,	•		
<u></u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
-				
-				
D. If amending the registered agent and/or registered office address i	n Florida, enter the name of the			
new registered agent and/or the new registered office address:				
Name of New Registered Agent				
(Florida street ad	•			
	ake Worth, Florida 33460			
(Cirv) (Zip Code)				
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar with a	and accept the obligations of the position.			
Signature of New Registered Agen	t. if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>mith</u>	·
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Change Address
1) X Change	P/S/	<u> </u>	Pamela Wynn	PO Box 1374
				Lake Worth FL 33460
Remove				
2) Change		_		
Add .				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
D.				

E. <u>If ameno</u>	L. If amending or adding additional Articles, enter change(s) here:					
	additional sheets, if necessary).	(Be specific)			•	
N/A						
•						
					_	
	<u>-</u>			<u> </u>		
						
						
	•					
	- · · · ·					
			···			
	· · · · · · · · · · · · · · · · · · ·					
•						
·					•	
-						
F Ifanan	nendment provides for an exc	hange reclussificat	ion or cancellation	of issued shares.		
provisi	ions for implementing the am	endment if not cont	ained in the amend	ment itself:		
(if	not applicable, indicate N/A)					
N/A						
					_	
						
•						

The date of each amendment(s) adoption:	ptember 21, 2013	, if other than tl
date this document was signed.		
Effective date <u>if applicable</u> :		
(1	no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for appr	reholders. The number of votes cast for the amendment(s) roval.	
	pareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendm	nent(s) was/were sufficient for approval	•
by(voting		•
· (voting	group)	
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the incoaction was not required.	orporators without shareholder action and shareholder	
_{Dated} 9/21/2013		
Signature	Nelalluper	
	nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court v that fiduciary)	
Pamel	a Wynn	
·	(Typed or printed name of person signing)	
Pres/S	ecretary/Treasurer	
	(Title of person signing)	