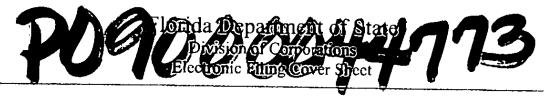
6/16/2020

Division of Corporations



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(((H200001834113)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : S&S ACCOUNTING SERVICES, INC.

Account Number : I20190000091

Phone : (786)212-0491

Fax Number : (305)454-6657

\*\*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 LEE PROFESSIONAL INSTITUTE INC

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JUN 1 8 2020

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	AATION: LEE PROFESSIO	NAL INSTITUTE INC	
DOCUMENT NUME	BER: P09000044773		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	ALICIA DIEGO		
		Name of Contact Perso	n
	2950 WINKLER AVENUE	Firm/ Company	
	FORT MYERS, FL 33916	Address	
		City/ State and Zip Cod	e
For further information	E-mail address: (to be us	sed for future annual report	notification)
ALICIA DIEGO		at ( 239	677-0203
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment

Articles of Incorporation 2020 JUN 17 Art 10: 18

LEE PROFESSIONAL INSTITUTE INC		
(Name of Corpor	ation as currently filed with the l	Florida Dept. of State)
P09000044773		
(Doc	curnent Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this <i>Florida Profit Co</i>	orporation adopts the following amendment(s)
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abo	ic," or "Co". A professional co	corporated" or the abbreviation "Corp"
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<i>BOX</i> )	
	<del>.</del>	
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, e ed office address:	nter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:	
hereby accept the appointment as registered agent	. I am familiar with and accept the	e obligations of the position.
	AV. 6	
Sig	gnature of New Registered Agent, if	changing

Check if applicable

<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:

2020 JUH 17 AH 10: 18

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.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>\$V</u>	Sally St	mith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addreş</u> s
1) Change	VP		CARIDAD TRIANA	515 SW 65th Avenue
Add		_		MIAMI, FL 33144
X Remove				
2) Change		_		
Add				
Remove 3) Change		<del></del>		
Add				
Remove				
4) Change	<del></del>	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
δ) Change		_		
Add				
Remove				

amending or adding additional Articles, enter change	e(s) here:
ttach additional sheets, if necessary). (Be specific)	2920 JUH 17 AM 10: 18
	. 1
an amendment provides for an exchange, reclassificati rovisions for implementing the amendment if not cont. (if not applicable, indicate N/A)	ion, or cancellation of issued shares, ained in the amendment itself:

From:

06/16/2020 18:12 #358 P.006/006

The date of each amendment(s) adoption: date this document was signed.	, , , , , , , , , , , , , , , , , , ,	•	, if other than the
Effective date if applicable:	2626 JUH 17	AH 10: 18	
	(no more than 90 days after ame	ndment file datc)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory fil of State's records.	ing requirements, this	date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)		
■ The amendment(s) was/were adopted by the action was not required.	ne incorporators, or board of directors	without shareholder a	ction and sharcholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	ne shareholders. The number of votes or approval.	cast for the amendmen	nt(s)
☐ The amendment(s) was/were approved by must he separately provided for each voting	the shareholders through voting group	os. The following state n the amendment(s):	ment
"The number of votes cast for the am	nendment(s) was/were sufficient for a	pproval	
_	onal Institute	-	
06/16/2020 Dated			
Signature bijo!			
selected, by an in-	sident or other officer – if directors o corporator – if in the hands of a recei- ry by that fiduciary)	r officers have not been yer, trustee, or other co	urt
ALICIA D	DIEGO		
	(Typed or printed name of person sig	gning)	
P			
	(Title of person signing)		