## P/100082831

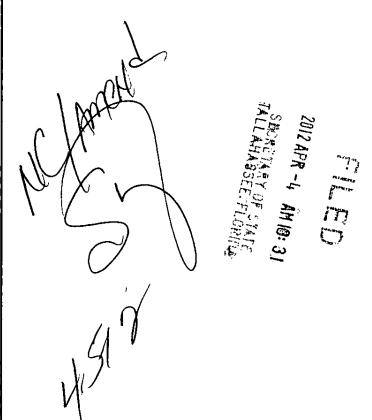
(Requestor's Name)			
(Address)			
(Addr	ess)		
(City/s	State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busin	ness Entity Na	me)	
(Доси	ment Number	)	
Certified Copies	Certificate	s of Status	
Special Instructions to Fil	ing Officer:		
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MS ELIZ	ZABETH'S TUTORING, INC.
DOCUMENT NUMBER: P11000082	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
PAUL J. LAN	
	Name of Contact Person
PAUL J. LANE	ESQ. P.A.
	Firm/ Company
7880 N UNIVE	ERSITY DR SUITE 200
	Address
TAMARAC, FI	L. 33321
·	City/ State and Zip Code
PJLEGAL@HOTM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
PAUL J. LANE	<sub>at (</sub> 954 ) 718-2996
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
\$35 Filing Fee	Ţ Ţ
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

## ACTUAL MARINES MS ELIZABETH'S TUTORING, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P11000082831 (Document Number of Corporation (if known)

amendment(s) to

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbre "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must cont word "chartered," "professional association," or the abbreviation "P.A."	e new viation ain the
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)	
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	
. (Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change Add Remove	P	JARROD INDIK	12120 NW 5TH COURT PLANTATION, FL 33325
2) <u>x</u> Change Add Remove	VP	ELIZABETH INDIK	12120 NW 5TH COURT PLANTATION, FL 33325
3) Change Add Remove	***************************************		
4) Change Add Remove	<del></del>		
5) Change Add Remove			
6) Change Add Remove	<u> </u>	<u> </u>	

If amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:

The date of each amendment(s) ad	option: 3/20/2012	
Effective date if applicable:		
	(no more than 90 days a	fter amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number ficient for approval.	of votes cast for the amendment(s)
	roved by the shareholders through voti each voting group entitled to vote sepa	
"The number of votes cast f	or the amendment(s) was/were sufficient	ent for approval
by	(voting group)	3 <del>1</del>
	(voting group)	
action was not required.	oted by the board of directors without state of the incorporators without share	
Dated 3/20/20	112	
Signature(By a directed	ector, president or other officer – if di by an incorporator – if in the hands od d fiduciary by that fiduciary)	
••	JARROD INDIK	•
	(Typed or printed name of p	person signing)
I	PRESIDENT	
_	(Title of person signing)	