P13000015951

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SEÇRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Teaching Lean, Inc				
DOCUMENT NUMB	P13000015951				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corres	pondence concerning this mat	ter to the following:			
	Wendy A. Mara, Esquire				
	·	Name of Contact Person			
	Mara Law, P.A.				
	Firm/ Company				
	555 West Granada Blvd., Ste.	D-10			
	<u> </u>	Address			
	Ormond Beach, Florida 32174				
•		City/ State and Zip Code	;		
	traceyr@gmail.com				
	E-mail address: (to be us	ed for future annual report	notification)		
	n concerning this matter, pleas		(72 999)		
Wendy A. Mara, Esqu	· · · · · · · · · · · · · · · · · · ·	at (672-8081		
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, 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 to Articles of Incorporation of

Teaching Lean, Inc.

(Name	f Corporation as currently filed	with the Florida Dept. of Stat	<u>e</u>)
P13000015951			
	(Document Number of Corp	oration (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Florid</i>	a Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new n	me of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	orp," "Inc," or "Co". A proj		
B. Enter new principal office address, (Principal office address MUST BE A S		<u></u>	<u> </u>
 C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new registered agent an	OFFICE BOX) — d/or registered office address in	[1	ZDZI SEP -7 AM IO: 48 SECRETARY OF STATE
Name of New Registered Agent	Wendy A. Mar	α	
	555 West Granada Blvd., Ste. D	-10	
	(Florida street ad	dress)	
New Registered Office Address:	Ormond Beach	, Florida	32174
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as registed.			osition.
Check if applicable The amendment(s) is/are being filed p	ursuant 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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change	<u>_</u>	_	Tracey Richardson		30 Park Ridge Way
Add					Ormond Beach, FL 32174
X Remove					
2) Change		_			
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change				-	
Add					
Remove					
6) Change					
Add					
Remove					

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) Tracey Richardson has transferred all her shares (500 shares) to Ernic Richardson who now owns all shares (1000) of the Company.	 1	If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) Fracey Richardson has transferred all her shares (500 shares) to Ernic Richardson who now owns all shares (1000) of	'	Mach daditional sneets, if necessary). (De specific)
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The date of each amendmen		, if other than the
date this document was signed Effective date if applicable:	09.01.2021	
Effective date in appreciate.	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, he Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amerere sufficient for approval.	ndment(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following ed for each voting group entitled to vote separately on the amendment	statement (s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	9/01/2021	
Dated	777	
Signature	y a director, president or other officer if directors or officers have no	ot been
Se	elected, by an incorporator – if in the hands of a receiver, trustee, or of oppointed fiduciary by that fiduciary)	
	Tracey Richardson	
	(Typed or printed name of person signing)	-
	Owner / Director	
	(Title of person signing)	