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COVER LETTER

Division of Corporations
NAME OF CORPORATION: THE Public Tutoring Initiative Corporation
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Philip ARTZ Name of Contact Person THe Public Totorins Fritative Firm/ Company
Palm Brach Gardens, FL 33418 City/ State and Zip Code P_ARTZ 9 5 B C G b b h l- Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Philip APT at (440) 343-0485 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S2.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Street Address

TO: Amendment Section

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

THE Public Tutoring Initiative	Conqui	stiun
(Name of Corporation as currently filed with the Florida Dept. of State)	•	
P 1 5 0 0 0 0 0 0 7 6 4 5 (Document Number of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the fo	Howing amend	dment(s) to
its Articles of Incorporation:		
A. If amending name, enter the new name of the corporation:		
Di nata akh	The	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbi "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	contain the w	r rord
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		}
·	Z0 O	; <u> </u>
		11
	<u> </u>	
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:	SET A	Ш
		J
Name of New Registered Agent	3	
(Florida street address)		
. Florida_		_ _
New Registered Office Address: (City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pe	<i>sition</i>	
Signature of New Registered Agent, if changing		
Check if applicable		

 \square 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:

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 1. 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: - <u>X</u> Change	PT John D	De .	
X Remove	<u>V</u> <u>Mike J</u>		
X Add	<u>SV Sally S</u>	<u>mith</u>	
Type of Action (Check One)	Title	Name	Address 150 ESPENANZA MAJ
1) Change	<u>_P</u>	CASSIDY ARTZ	Address 150 TESPENANZA WAY <u>PAlm Bench Cardens,</u> FC 33418
Add			
Remove	<u> P</u>	DLIC Acts	ISU ESPERANTA WAY
2)Change	<u> </u>	<u> </u>	PAIM Beach GARdens,
Remove 3) Change	D	MAURI ARTZ	33418
Add		•	PAIM Brach GARdens, SC
Remove		,	
4) Change			33418
Add			
Remove			2020 d
5) Change			T
Add			9
Remove			—————————————————————————————————————
6)Change			
Add			ω
Remove			

he date of each amendment(s) adoption	on:		, if other than th
ate this document was signed.			
ffective date if applicable:			<u>· </u>
	(no more than 90 days after amendment file a	late) .	
Vote: If the date inserted in this block locument's effective date on the Department.	does not meet the applicable statutory filing requirer nent of State's records.	nents, this date	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	•	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without sha	ireholder action	and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the nt for approval.	amendment(s)	
must be separately provided for each	thy the shareholders through voting groups. The following group entitled to vote separately on the amenda amendment(s) was/were sufficient for approval to the Land of the Land of the Control of the Con	lment(s):	· .
selected, by	r, president or other Higher – if directors or officers han incorporator – if it had hands of a receiver, trustee, duciary by that fiduciary (Typed or printed name of person signing)		

FILED
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