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SECRETARY OF STATE
AND AHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORDORA	FION: EMETSE	ET TAC	
DOCUMENT NUMBER	R: P150000	65735	
	Amendment and fee are su		
Please return all correspo	ndence concerning this mat	tter to the following:	
	TEFF	GILLIALD Name of Contact Person	
	En	nETS	
_		ト Firm/ Company	
<u></u>	1016	S. FLOREDA Address	AUÉ
	ROLIELE	DGE FL	32955
		City/ State and Zip Code	
	E-mail address: (to be us	rd Deeii. e	otification)
For further information co	oncerning this matter, pleas	e call:	
7000	Sons	at (954	818-5504
Name of C	Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for th	e following amount made p	payable to the Florida Depar	tment 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)
<u>Mailin</u>	g Address	Street A	Address
	ment Section		ment Section
	n of Corporations ox 6327		n of Corporations Building
	ssee, FL 32314		secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

of

EMETSEEI	INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P10000657	75	
(Document Number of C		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
EMETSEEI INSTITUTE name must be distinguishable and contain the word "corporation,"	INC.	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
•		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20 T T
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the	CI-6 PH 1:01
Name of New Registered Agent		- 1 C
(Florida street	! address)	
New Registered Office Address:	, Florida	
	ity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit		tion.
Signature of New Reg	sistered Agent, if changing	

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 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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
i) Change				-/
Add				
Remove				
2) Change				
Add				<u> </u>
Remove				
3) Change	 ,	-		
Add				
Remove				
4) Change				
Add				
Remove			•	
5) Change		_		
Add				
Remove				
6) Change		_		***************************************
Add				
Remove				

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)		_	(issary).	g additiona ts, if neçess	al sheets,	dditional	tach <i>ada</i>
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		r cancellation of issued shares, I in the amendment itself:	<u>han</u> endi	the amer	menting the	impleme	ns for in	rovision
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The date of each amendment(s) adoption:	, if other than the
<u> </u>	
Effective date if applicable: 10 - 2 - 2015 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this datedocument's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.	;)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemed must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10-2-2015	
Dated 10-2-2015 Signature Jesus Secure	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other cour appointed fiduciary by that fiduciary)	l
TODD SOARD	
(Typed or printed name of person signing)	
V. P. (Title of person signing)	
(Title of person signing)	· · · · · · · · · · · · · · · · · · ·