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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALL IN EDUCAT	TION CORP.		
	P16000070536			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	LUIS ARMANDO GALVIS			
	*****	Name of Contact Pers	on	
	ALL IN EDUCATION COR	P		
	2 GROVE ISLE DR #B1103	,		
		Address		
	MIAMI, FLORIDA 33133			
		City/ State and Zip Co	de	
	1			
	argalvis7@hotmail.com	10.4		
	E-man address: (to be us	sed for future annual repo	rt notification)	
For further information	on concerning this matter, plea	se call:		
LUIS ARMANDO G	ALVIS	at (⁷⁸⁶) <u>4170067</u>	
Name of Contact Person			ode & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida De	partment of State:	
■ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Stree	t Address	
	endment Section	Amendment Section		
	ision of Corporations	Division of Corporations		
	D. Box 6327		Centre of Tallahassee	
Taliahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ALL IN EDUCATION CORP.

(Name of Corporation as curre	ently filed with the Flori	da Dept. of State)
P16000070536		
(Document Number	er of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	his <i>Florida Profit Corpo</i> i	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	<u>.</u>	
	14	The new
name must he distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.	A professional corpor	orated" or the abbreviation "Corp.," ration name must contain the word
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)		
		• :
		<u> </u>
D. If amending the registered agent and/or registered office a	ddress in Florida, enter	the name of the
new registered agent and/or the new registered office addr	ess:	
Name of New Registered Agent		
	street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
	. =,,	(<i>inp</i> , 25m)
New Registered Agent's Signature, if changing Registered Ag		
I hereby accept the appointment as registered agent. I am familio	ar with and accept the ob	ligations of the position.
Signature of Nev	v Registered Agent, if ch	anging
·	<i>5 6 7</i>	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	1) (a) E S	
→ the amendment(s) is/are being theu pursuant to s. no/.0120 (1)	τη (c), r.δ .	

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 De	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>oneş</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	_	MATEO GALVIS	10489 LONGLEAF Dr
X Add				Parker, Colorado 80134
Remove				
2) X Change	D	_	CORINNE JACQUELINE GALVIS	10489 LONGLEAF Dr
Add				Parker, Colorado 80134
Remove 3) Change	D	_	LUIS NICOLAS GALVIS	
X Add				4027 S SABLE CIRCLE
Remove				Aurora, Colorado 80014
4) Change				- 1
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				 .
Add				
Remove				

(Attach additional s	ding additional Arti heets, if necessary).	(Be specific)	_		
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If an amendment p	provides for an exch	ange, reclassifica	ation, or cancellation	on of issued shares,	
provisions for imp	plementing the ame	ndment if not cor	ntained in the ame	ndment itself:	
(if not applica	ble, indicate N/A)				
N/A					
1 V/1 V				··	
	_				
	_ 				
			 		
					_ _ _
<u></u>					

The date of each amendment(s) a date this document was signed.	doption: 9/10/20	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adaction was not required.	opted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amend ufficient for approval.	lment(s)
	proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	N CORP Board of Directors	
•	(voting group)	
9/10/2020 Dated Signature		
selecte	frector, president or other officer – if directors or officers have not d, by an incorporator – if in the hands of a receiver, trustee, or othe ted fiduciary by that fiduciary)	
,	LUIS ARMANDO GALVIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	