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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TOURITBEFORE	EU, INC.			
DOCUMENT NUMBER: P17	000022024				
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.			
Please return all correspondence	concerning this ma	tter to the following:	;		
RICHARI	K. GALLIONE,	JR.			
		Name of Contact	Person		
TOURITE	TOURITBEFORE U, INC.				
		Firm/ Compa	any		
11030 N\	11030 NW 28TH STREET				
	<u> </u>	Address			
CORAL S	SPRINGS, FL 330)65			
		City/ State and Z	ip Code		
RICHIE@TOU	RITBEFORE.CO	М			
E-ma	il address: (to be us	sed for future annual	report n	otification)	
For further information concerning	ng this matter, pleas	se call:			
RICHARD K. GALLIONE, JR.		954 at (825-3758	
Name of Contact Person at (e & Daytime Telephone Number			
Enclosed is a check for the follow	ving amount made	payable to the Florid	ia Depar	tment of State:	
	3.75 Filing Fee & tificate of Status	□\$43.75 Filing F Certified Copy (Additional copy enclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Addr Amendment Se Division of Co P.O. Box 6327 Tallahassee, Fl	rporations		Division Clifton I	nent Section of Corporations	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

,

TOURITBEFORE U, INC.					
(Name	of Corporation as curren	tly filed with the Florida L	Dept. of State)		
P17000022024					
	(Document Number	of Corporation (if known)		•	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporatio	n adopts the following amo	endme	:nt(s) 1
A. If amending name, enter the new n	ame of the corporation:				
FLORIDA REALTY EDUCATION, IN	C.		The	new	,
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc," or	"Co". A professional corp	orporated" or the abbrev poration name must conta	iation in the	! !
B. Enter new principal office address, if applicable:		N/A	**-4		
(Principal office address MUST BE A S			2	8	
			7. F ≥ 7.	SEP	-11
C. Puta-sus-silies add-sectional	: L }		TO 1	\$ (2)	(11)
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		N/A	* ***	P	\Box
			98.3.	F.	
				5	
D. If amending the registered agent ar new registered agent and/or the ne			name of the		
	N/A				
Name of New Registered Agent					
	(Florida s	treet address)	· · · · · · · · · · · · · · · · · · ·		
	N/A		N/A		
New Registered Office Address:		(City)	, Florida(Zip Code)		
		• •	•		
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			tions of the position.		
	Signature of New	Registered Agent, if changi	ng		

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:	nor.		
\underline{X} Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
, Add			
Pamova			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	
N/A	
U. If an amendment apprides for an evel	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
-	

•	N/A	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
N/	A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	dopted by the board of directors without shareholder action and shareh	ıolder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholde	т
SEPTEN	MBER 16, 2018	
Dated		
	7/4/-/	
Signature	1 fall	·
(Ву а	director, president or other officer - if directors or officers have not b	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other	court
appo	inted fiduciary by that fiduciary)	
	RICHARD K. GALLIONE, JR.	
	(Typed or printed name of person signing)	
	C, P	
	(Title of person signing)	