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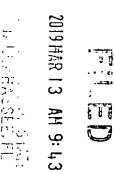
| (Rec                      | questor's Name)      |              |
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| Certified Copies          | Certificates of      | Status       |
| Special Instructions to F | Filing Officer:      |              |
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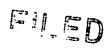
## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:AMERICAN GRO                     | OUP FOR MANAGING ED  | DUCATIONAL PROJECTS (  |  |
|--|--|--|--|
| DOCUMENT NUMBER: P17000072507                        |  |  |  |
| The enclosed Articles of Amendment and fee are su    | abmitted for filing.   |  |  |
| Please return all correspondence concerning this ma  | atter to the following:  |  |  |
| YOUSEF DAMRA   |  | ·  |  |
|  | Name of Contact Person   | 1  |  |
| AMERICAN GROUP FOR                                   | AMERICAN GROUP FOR MANAGING EDUCATIONAL PROJECTS CORP              |  |  |
| <del></del> ·  | Firm/ Company  | ·  |  |
| 1308 S SEMORAN BLVD                                  | . ,  |  |  |
|  | Address  |  |  |
| ORLANDO, FL 32807                                    |  |  |  |
|  | City/ State and Zip Cod  | e ·  |  |
|  | , ,  | •  |  |
| yjozeef@agmep.us                                     | 1.67-6   | and Tours and  |  |
| E-mail address: (to be u                             | sed for future annual report                                       | normeation)  |  |
| For further information concerning this matter, plea | se call:   |  |  |
| YOUSEF DAMRA   | at (   | 925-9221   |  |
| Name of Contact Person                               | Area Co  | de & Daytime Telephone Number  |  |
| Enclosed is a check for the following amount made    | payable to the Florida Depa  | irtment of State:  |  |
| ☐ \$35 Filing Fee                                    | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Mailing Address Amendment Section                    | Street Address Amendment Section                                   |  |  |
| Division of Corporations                             | Division of Corporations   |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314               | Clifton Building 2661 Executive Center Circle                      |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



| AMERICAN GROUP FOR MANAGING ED   | LICATIONIAL DROIGC             | TS CODD                 |  |                                 |
|--|--------------------------------|-------------------------|--|---------------------------------|
|  |                                | -                       | 2019                                   | HAR 13 AH 9:                    |
| (Name of Co  | rporation as currently         | filed with the Florida  | Dept. of State)                        | AII 9.                          |
|  |                                |                         |  | 1, 3, 375                       |
|  | (Document Number of C          | Corporation (if known)  | ı                                      | -100 PSLE, FL                   |
| ursuant to the provisions of section 607.1006,<br>s Articles of Incorporation:   | , Florida Statutes, this Fl    | 'orida Profit Corporat  | ion adopts the follow                  | wing amendment(s) t             |
| . If amending name, enter the new name o   | of the corporation:            |                         |  |                                 |
|  |                                | •                       |  | The new                         |
| name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," | "Corp," "Inc," or "Co          | o". A professional co   | ecorporated" or the orporation name mu | abbreviation<br>ast contain the |
| . Enter new principal office address, if app   | plicable:                      |                         | ·                                      |                                 |
| Principal office address <u>MUST BE A STREI</u>  | ET ADDRESS )                   |                         |  |                                 |
|  |                                |                         |  |                                 |
|  |                                |                         |  |                                 |
|  |                                |                         |  | -                               |
| Enter new mailing address, if applicable<br>(Mailing address MAY BE A POST OFFI  |                                |                         | •                                      |                                 |
| (Stating datess MAT BE A FOST OFFI   | ICE BOX                        |                         | ,                                      |                                 |
|  |                                |                         | _ <del>_</del>                         |                                 |
|  |                                |                         |  |                                 |
|  |                                | ·                       | _                                      | <del></del>                     |
| . If amending the registered agent and/or  | registered office addres       | s in Florida, enter th  | e name of the                          |                                 |
| new registered agent and/or the new reg  | <u>istered office address:</u> |                         |  |                                 |
| Name of New Registered Agent   |                                |                         |  |                                 |
| Name of New Neglacea Ingen   | -                              | •                       |  |                                 |
|  |                                |                         |  |                                 |
|  | (Florida streci                | t address)              |  |                                 |
| New Registered Office Address:   |                                |                         | , Florida                              |                                 |
|  | (C                             | lity)                   | . (2                                   | Lip Code)                       |
| •  |                                |                         |  |                                 |
|  |                                |                         |  |                                 |
| ew Registered Agent's Signature, if changi   |                                |                         |  |                                 |
| hereby accept the appointment as registered of   | agent. I am familiar wit       | h and accept the oblig  | gations of the positio                 | n.                              |
|  |                                |                         |  |                                 |
|  |                                |                         |  |                                 |
| ·  | ····                           |                         | ·                                      |                                 |
|  | Signature of New Rev           | vistered Avent if chans | oine                                   |                                 |

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:<br><u>X</u> Changé | <u> 74</u> | John D      | <u>oc</u>    |                     |
|-----------------------------|------------|-------------|--------------|---------------------|
| X Remove                    | · <u>v</u> | Mike Jo     | <u>ones</u>  |                     |
| X Add                       | <u>sv</u>  | Sally S     | <u>mith</u>  |                     |
| Type of Action (Check One)  | Title      |             | Name         | Address             |
| 1) Change                   | P          |             | YOUSEF DAMRA | 1308 S SEMORAN BLVD |
| X Add                       |            |             |              | ORLANDO, FL 32807   |
| Remove                      |            |             |              |                     |
| 2) Change                   | P          |             | JOE DAMRA    | 1308 S SEMORAN BLVD |
| Add                         |            |             |              | ORLANDO, FL 32807   |
| X Remove                    |            |             |              |                     |
| 3 ) Çhange                  |            |             |              |                     |
| Add                         |            |             |              |                     |
| Remove                      |            |             |              |                     |
| 4) Change                   |            |             |              | ·                   |
| Add                         |            |             |              |                     |
| Remove                      |            |             |              | · .                 |
| 5) Change                   |            |             |              |                     |
| Add                         |            | _           |              |                     |
| Add                         |            |             |              |                     |
| Kemove                      |            |             |              |                     |
| 5) Change                   |            | <del></del> |              |                     |
| Add                         |            |             |              |                     |
| Remove                      |            |             |              |                     |

| Attach additional sheets, if necessary). (Be specific) | <u>e(s) here</u> :                       |
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| f an amendment provides for an exchange, reclassifica  | ation, or cancellation of issued shares, |
| provisions for implementing the amendment if not con   | ntained in the amendment itself;         |
| (if not applicable, indicate N/A)                      |  |
|  |  |
| <del></del>  |  |
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| n:  | , if other than the                               |
|---|---|
|   |   |
|   |   |
| (no more than 90 days after amendm            | ent file date)                                    |
|   | requirements, this date will not be listed as the |
| (CHECK ONE)                                   |   |
|   | t for the amendment(s)                            |
|   |   |
| amendment(s) was/were sufficient for appro-   | val   |
|   | <sup>w</sup>                                      |
| (voting group)                                | •   |
| y the board of directors without shareholder  | action and shareholder                            |
| y the incorporators without shareholder actio | on and shareholder                                |
| 2-19  |   |
| 7   |   |
|   |   |
|   |   |
|   | trustee, or other court                           |
|   |   |
| BEF DAMKA                                     |   |
| (Typed or printed name of person signif       | ng)   |
| IDENT   |   |
|   | ent of State's records.                           |

(Title of person signing)