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| Certified Copies | _ Certificate: | s of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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MAY OF 2018

COVER LETTER

| NAME OF CORPORATION: CLOBAL INSTITUTE OF ACTIVITY AND DEVELOPMENT NAME OF CORPORATION: |
|--|
| NAME OF CORPORATION: |
| DOCUMENT NUMBER: \$1800006378 |
| DOCUMENT NUMBER: |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| LIZA VIPLAN |
| Name of Contact Person |
| |
| Firm/ Company |
| 1363 SW SISTERS WILLOME KD |
| LANG CITT FL 32025 |
| City/ State and Zip Code |
| lizaviplava icloud.com |
| E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| LIZA VIPLAN 386 466 1970 |
| Name of Contact Person 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 Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

Articles of Amendment

Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: ATTES, NCORPORATED name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) 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 position.

Signature of New Registered 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 | Y | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | <u> </u> | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
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| 5) Change | ****** | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
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| | ets, if necessary). (Be s | nter change(s) here: pecific) | | |
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| The date of each amendment(s) date this document was signed. | s) adoption: | , if other than the |
|--|--|--------------------------|
| Effective date if applicable: | 05.01,2018 | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in the document's effective date on the | his block does not meet the applicable statutory filing requirements, this date we Department of State's records. | ill not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were by the shareholders was/wer | adopted by the shareholders. The number of votes cast for the amendment(s) the sufficient for approval. | |
| | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes | east for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (roung group) | |
| action was not required. | adopted by the board of directors without shareholder action and shareholder | |
| action was not required. | adopted by the incorporators without shareholder action and shareholder | |
| Dated | 5.01, 2018 Liza | |
| (By selo | ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) LIZA [PLA] | _ |
| | (Typed or printed name of person signing) | |
| | INCORPORATOR. | |
| | (Title of person signing) | |