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S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: NCEE, CORP				
DOCUMENT NUMB	D19000012262				
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	atter to the following:			
,	ANTONIO GONZALEZ				
_		Name of Contact F	Person	-	
(GONZALEZ & ASSOCIATES III, PA				
	-	Firm/ Compan			
	1820 N CORPORATE LAKES BLVD				
-	<u> </u>	Address		-	
,	WESTON, FL 33326				
_		City/ State and Zip	Code	-	
۶	AGONZALEZ@AMEFINA	NCIALGROUP.COM			
	E-mail address: (to be u			ication)	
For further information ANTONIO GONZALE	concerning this matter, plea	se call:at (7	773-7286	
Name of	Contact Person	at (Are) _ :a Code &	Daytime Telephone Number	
Enclosed is a check for	the following amount made			•	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	is (\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NCEE, CORP

		···		
(Name of Corpora	<u>tion as curren</u>	tly filed with the Florida l	Dept. of State)	
	P180000423	363		
(Doce	ument Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006. Flori its Articles of Incorporation:	da Statutes, thi	s Florida Profit Corporatio	n adopts the following amendment	:(s) to
A. If amending name, enter the new name of the	corporation:			
N/A				
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp." "Inc." or	"Co". A professional cor	The new orporated" or the abbreviation poration name must contain the	
B. Enter new principal office address, if applicab	de:	N/A		
(Principal office address MUST BE A STREET AL			5. 65	
				~~1
				: 1
C. Enter new mailing address, if applicable:			21	• • ີ
(Mailing address MAY BE A POST OFFICE B	(<u>OX</u>)	N/A		ز <u>-</u> :
			7.7	
D. If amending the registered agent and/or regist	ered office add	dress in Florida, enter the	name of the	
new registered agent and/or the new registere	<u>d office addres</u>	<u>88:</u>		
Name of New Registered Agent N/A				
	(Florida s	treet address)		
New Registered Office Address: N/A				
New Registered Office Address:		(Citv)	, Florida	
			(134) Contry	
New Registered Agent's Signature, if changing Ro	egistered Agen	it:		
I hereby accept the appointment as registered agent.	l am familiar	with and accept the obliga	tions of the position,	
		 		
Sig	mature 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.

X Change	PT John	ı Doe	
\underline{X} Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PRES	NORMAN LEE E.	12330 SW 53RD STREET
, Add			COOPER CITY, FL 33330
X Remove			
2) Change	PRES	NORMAN LEE ENRICH	12330 SW 53RD ST STE 702
X Add			COOPER CITY, FL 33330
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			47
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)	
9/A		
<u></u>		
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111		
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	-	
	17.1	<u>-</u>
		-
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
/A		

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the artment of State's records,	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendmicient for approval.	ent(s)
☐ The amendment(s) was/were appr must be separately provided for a	oved by the shareholders through voting groups. The following standard voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopaction was not required.	sted by the board of directors without shareholder action and shareh	oolder
The amendment(s) was/were adoption was not required.	ted by the incorporators without shareholder action and shareholde	r
05/16/201	3	
Dated	orman lep Emich	
(By a dir selected	ector, president or other officer – if directors or officers have not b by an incorporator – if in the hands of a receiver, trustee, or other d fiduciary by that fiduciary)	een
	NORMAN LEE E	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	····