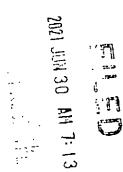
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JUL 26 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: The Greenbook Institute Corp. DOCUMENT NUMBER: P1900009181					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Noem, Perez Name of Contact Person The Greenbook Institute Corp. Firm/ Company BIS Barker Address Winter Rark, FL, 32789 City/ State and Zip Code Noem: @ greenbook academy. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Noewi, Pevez at (787) 344 - 7110 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:					
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Status Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment

	Articles of Inco	orporation			
The Gne	enbook In	stitute	Corp.		
(Name of C	ornoration as currently	filed with the Flor	rida Dept. of State)		
		P190	00000918	37	
	(Document Number of	Corporation (if kno	own)	•	
Pursuant to the provisions of section 607.106 its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corpo	oration adopts the foll	owing amendment(s)	10
A. If amending name, enter the new nam	e of the corporation:				
				The new	
name must be distinguishable and contain th "Inc.," or Co.," or the designation "Cor "chartered," "professional association," or	p," "Inc," or "Co". A	professional corpo	oration name must c	ontain the word	
B. Enter new principal office address, if a (Principal office address MUST BE A STR		1815 Bo Winter F	orker Dr		
	N.	32789			
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		1815 Ba	ther Dr		
		WINTERPO	wk, FL		
		327951			
D. If amending the registered agent and/new registered agent and/or the new r			er the name of the	202	
Name of New Registered Agent					
_	(Florida stre	ret address)		30	i
New Registered Office Address:			, Florida		ļ
	•	(City)		(Zip Gode)	

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.

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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
l) Change			_	
Add				
Remove			 	
2) Change		_	 	
Add				
Remove 3) Change			_	
Add				
Remove			 	
4) Change		_	 	
Add			<u></u>	
Remove				
5) Change			 	
Add				
Remove				
6) Change			 <u> </u>	
Add				_
Remove				

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
1. Principal Office - 1815 Barker
2 Recorded and confirmed that Noemi Penez is the sole sharcholder or all fore roting shares
3. 1000 snaves of common stock, owned by Mrs. NOEMS FO Shall be the only noting shalls of the correlation.
4. Corp. Shall have 6000 snaws or non-roting common stack and free president is hereby outnow Ted to issue said snaves at ver discretion.
S. Noemi Penez is henery consisted to be the President and Treasures of the consolation.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) ad date this document was signed.	option: 6/21/2021	, if other than the
Effective date if applicable:		<u>.</u>
	(no more than 90 days after amendment j	file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requartment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors withou	t shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for ficient for approval.	r the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 6/2 Signature	8/2021	
Signature	MILL	
(By a di	rector, president or other officer - if directors or office	
	, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary)	stee, or other court
	Noem: Penez (Typed or printed name of person signing)	
	_	
	President, Treasurer	
	(Title of person signing)	