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SECRETARY OF STATE ALL MIASSEE FLORING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	KT MER	LRY EDUCATION	INC.
DOCUMENT NUMBER:	P1900006	8633	
The enclosed Articles of Amena	<i>lment</i> and fee are su	bmitted for filing.	
Please return all correspondence	concerning this ma	tter to the following:	
K	ATIË L M	ERRY	
		ERRY Name of Contact Persor	1
KT	MERRY ED	SUCATION INC. Firm/ Company	
_ 325	55 NE 184	St UNIT 125 Address	7554
A ve	ENTURA F	L 33160	
	1	City/ State and Zip Code	2
,	2 KTMERRY ail address: (to be us	ed for future annual report	notification)
For further information concern	ing this matter, pleas	se call:	
KATIE L MER	RY	at (<u>305</u>	de & Daytime Telephone Number
Name of Contact	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee □S- Ce	43.75 Filing Fee & ertificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Amend Divisio The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation

of

K+ Morry Education (Name) of Corporation as currently	v filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	r/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent P A	
New Registered Office Address: ドレート	. Florida C 25
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar s	R20 A
P/A	
Signature of New R. Check if applicable	egistered Agent, if changing

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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	<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
1) Change	UP	CHARLES S KEFFER	3255 NE 184 ST
Add			70261 TINC
X Remove			AVENTURA, FL 33160
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If am (Attac	<mark>ending or adding additior</mark> h <i>additional sheets, if neces</i>	al Articles, enter chan	ige(s) here:		
NA	<u> </u>	-			
-					
	·				
					
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			 	•	
<u>lf an</u>	amendment provides for isions for implementing t	in exchange, reclassific	cation, or cancellati	on of issued shares,	
<u>prov</u>	if not applicable, indicate	<u>vanenument ii not c</u>	omained in the ame	nument itsen.	
م/م					
<u> </u>	<u>† </u>				
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				-	 -
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The date of ea	nch amendment(s) adoption: FEBRUARY 22, 2025 nent was signed.	, if other than the
Effective date	if applicable: FEBWARY 22, 2025 (no more than 90 days after amendment file date)	
Note: If the d	late inserted in this block does not meet the applicable statutory filing requirements, this date fective date on the Department of State's records.	will not be listed as the
Adoption of A	amendment(s) (<u>CHECK ONE</u>)	
	ment(s) was/were adopted by the incorporators, or board of directors without shareholder action not required.	i and shareholder
	ment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) eholders was/were sufficient for approval.	
	ment(s) was/were approved by the shareholders through voting groups. The following statement our ately provided for each voting group entitled to vote separately on the amendment(s):	rt.
"The	number of votes cast for the amendment(s) was/were sufficient for approval	
by	N/A	
, –	(voting group)	
	Dated 2/22/25	
	Signature	
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	