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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Aspatria College.	Inc	
	1BER: P19000080059		
The enclosed Article	es of Amendment and fee are s	ubmitted for filing.	
Please return all com	respondence concerning this m	atter to the following:	
	Lodoiska Garcia		
		Name of Contact Perso	n
	Aspatria College, Inc.		
		Firm/ Company	
	12171 SW 268TH Street		
		Address	
	Homestead, FL 33032		
		City/ State and Zip Cod	e
	lgarcia@americancare.net		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
LODOISKA GARCIA		at (458-2850
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep.	artment of State:
S35 Filing Fee	□843.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.G	iling Address condment Section dision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations Centre of Tallahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Aspatria College, Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P19000080059	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Aspatria College Support, Inc.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. <u>Enter new principal office address</u> , if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2024 DE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DEC-4 PH 6: 07
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the ss:
Name of New Registered Agent	
(Florida :	street address)
No. Berlin and I (NG on the language	, Florida
New Registered Office Address:	(Zip Code)
New Registered Agent's Signature, if changing Registered Age Thereby accept the appointment as registered agent. I am familia Signature of New	nt: r with and accept the obligations of the position. Registered Agent, if changing
Signature of New	Region i a rigem, y changing
Check if applicable	

☐ 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: tAttach 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	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		_	
Remove			
6) Change			
Add			
Remove			

Attach addition	adding additional Ai al sheets, if necessary)				
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		,		·	
f an amandma	nt provides for an ex	ehanna voelascifia	eatian ar cancellat	ion of issued chara	ĸ.
provisions for	implementing the an	nendment if not co	ontained in the am	endment itself:	222
(if not app	licable, indicate N/A)				
					
				······································	
					
					- <u>-</u> -

The date of each amendment(s) adoptate this document was signed.	otion: 11 25 24	, if other tha	an the
Ş			
Effective date <u>if applicable</u> :	(no more than 90 days afte	er amendment file date)	
Note: If the date inserted in this bloc locument's effective date on the Depar		nory filing requirements, this date will not be listed a	as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of d	irectors without shareholder action and shareholder	
The amendment(s) was/were adopte by the shareholders was/were suffice.	ed by the shareholders. The number of the company that the shareholders is the company of the co	of votes cast for the amendment(s)	
The amendment(s) was/were approv	red by the shareholders through voting have separate to vote separate to vote separate separa		
"The number of votes cast for	the amendment(s) was/were sufficie	nt for approval	
by	(voting group)		
selected, h	tor-president or other officer – if dire y an incorporator – if in the hands of fiduciary by that fiduciary) Our Ske (Typed or printed name of po	Ta receiver, trustee, or other court	
	(Title of person signing)		