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2021 SEP 20 AH 9: 21
SECRETARY OF STATE

OCT - 2 2021 S. PRATHEN

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: TYPLICY REA TYPLING DOCUMENT NUMBER: P200000 0481 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Trevor Rea Training Corp. hello @ tveuar - vea.com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Herrera at (778) 722-3528 t Person Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Treuc Rea Training Corp.		SECI	021 9	
(Name of Corporation as currently filed with the Florida Dept. of State)			333	·11
P2000000 (2481			2(==
(Document Number of	Corporation (if known)	E OF	AH	03
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation;	Florida Profit Corporation adopts the follo	FLORID WINDRID	uq obe u ≖	t(s) to
A. If amending name, enter the new name of the corporation:		≫		
		The	new	
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbrev professional corporation name must co	iation "Ce ntain the	rp., " word	
B. Enter new principal office address, if applicable:	10573 Sevenita F	-CIII 6	-∩.	
(Principal office address MUST BE A STREET ADDRESS)		17/10	<u></u>	
	Sarcisota, FL 3C	1290		
C. Enter new mailing address, if applicable:				
(Muiling address MAY BE A POST OFFICE BOX)	0573 Serenity F	cill L	<u>17.</u>	
	Sarasota, FL 34	1240	<u> </u>	
	,			
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the			
Name of New Registered Agent				
				
	enity tall in.			
		17116		
New Registered Office Address: OVOSOTO	, Florida <u>, Florida</u>	929C Cip Codes	<u>) </u>	
New Registered Agent's Signature, if changing Registered Agent:	the formal trace of the			
I hereby accept the appointment as registered agent. I am familiar wi	un ana accept the obligations of the position)n.		
Signature of New Res	gistered Agent, if changing	_		
Check if applicable				
\Box The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e	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	PT John Do	<u>æ</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	ones .	
<u>X</u> Add	SV Sally S	mith_	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	<u>000/</u> 00-owner	Kassandra Henrera	Cos73 Sevenity Fall Un. Sarasota, FT 34240
Кепюче			,
2) Change			
Add			-
Remove 3) Change			
Add			
Remove 4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☑ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	FA
by <u>President Trever</u> Rea (voting group)	FILI 2021 SEP 20 SECRLIARY
Dated9/13/2	ine in
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)	9: 21 STATE ORIDA
Trevar Rea (Typed or printed name of person signing)	
President	<u> </u>
(Title of person signing)	