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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: EDVINE DOCUMENT NUMBER: P21 0000 55664 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 2458 NW 171 Terr
Address City/ State and Zip Code EDWINE CHERUBIN@ GMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>305</u>) <u>774 - 4139</u> Area Code & Daytime Telephone Number 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

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

Fo we Cu-	RUBIN PA.
SOUTH ON THE	as currently filed with the Florida Dept. of State)
P210000550	· · · · · · · · · · · · · · · · · · ·
	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statts Articles of Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	The new pration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word ion "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	2458 NW 171 TER MAMI GARDAS, FL 330560
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office.	
Name of New Registered Agent	·
	(Florida street address)
New Registered Office Address:	(City) , Florida , Zip Codes
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent:
Simuton	e of New Registered Agent, if changing
Signature	. of then Registered Agent, if 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:

(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	<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>	Address
1) Change	P	EDWINE CHERUBIN	2458 NW 171 TER
Add			MIAM GARDENS, FL 33051
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additiona</i>	adding additional Arti ll sheets, if necessary).	(Be specific)	-		
					
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<u>provisions for in</u>	t provides for an exch mplementing the amer	ange, reclassificat ndment if not cont	ion, or cancellation ained in the amend	of issued shares, ment itself:	
(if not applie	cable, indicate N/A)				
-		<u> </u>		<u> </u>	 .
		 .			
					
					

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
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 dadocument's effective date on the Department of State's records.	ite will 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 was not required.	on and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ 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):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
by	
Dated None 28, 2021 Signature Education	
Signature Columnia	
(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 cour appointed fiduciary by that fiduciary)	t
appointed fiduciary by that fiduciary)	
EDWINE CHERUBIN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	