## P24000001805

(R€	equestor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filling Officer:	,,,,,,
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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: AUTISIMPAWS	TRAINING SOLUTIONS 1	NC	
	1BER: P24000006905		·	
	es of Amendment and fee are su	bmitted for filing.		
Please return all core	respondence concerning this ma	tter to the following:		
	VICTOR L NUNBERG			
		Name of Contact Person	1	
		Firm/ Company		
	18800 NE 29TH AVE			
		Address		
	AVENTURA FL 33180			
		City/ State and Zip Code	e	
	VICTORLN.CPA@GMAIL.	COM		
	E-mail address: (to be u	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		
VICTOR L NUNBI	ERG	786 at (	de & Daytime Telephone Number	
Name of Contact Person		Агеа Со	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate 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 Address  Amendment Section  Division of Corporations  P.O. Box 6327		Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

	Articles of Incor	poration		~
	of			
AUTISIMPAWS TRAINING SOLUTIONS INC	·			<u> </u>
(Name of Corpo	oration as currently f	iled with the Florida De	pt. of State)	- 1 1. S
P24000006905				100 mg
(D	ocument Number of C	Corporation (if known)		
Pursuant to the provisions of section 607,1006, Fl ts Articles of Incorporation:	orida Statutes, this Flo	orida Profit Corporation	adopts the follov	wing amendment(s) to
A. If amending name, enter the new name of t	he corporation:			•
AUTISMPAWS TRAINING SOLUTIONS INC				The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp," " "chartered," "professional association," or the a	Inc," or "Co". A p	npany," or "incorporated professional corporation	" or the abbrevi name_must_con	ation "Corp.,"
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E <i>BOX</i></u> )			
				<del></del>
			<del></del> -	
D. If amending the registered agent and/or res	gistered office addres	ss in Florida, enter the n	ame of the	
new registered agent and/or the new registe	ered office address:			
Name of New Registered Agent				- <del></del>
<del></del>	(Florida street	address)		<del></del>
Name Description of Office Address			. Florida	
New Registered Office Address:	tt.	Try)	_,	Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ago	Registered Agent: cnt. I am familiar wit	h and accept the obligati	ons of the positio	on.
and a second sec			•	
	Signature of New Reg	istered 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)

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 Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jos	nes:		
X Add	<u>sv</u>	Sally Sm	<u>nith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change					
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					· · · · · · · · · · · · · · · · · · ·
5) Change		_			
Add					
Remove					
6) Change		_			
Add					
Remove				_	

	ng or adding addition ditional sheets, if neces	sary). (Be specific	)			
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in ame	ndment provides for a	an exchange, reclass	ification, or cance	llation of issued sh	ares,	
	ndment provides for a is for implementing th	he amendment if no	t contained in the	amendment itself:		
ovisior	ot applicable, indicate S	\// <sub>4</sub> }				
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The date of each amendment(s) adde this document was signed.	aduption:, if other than
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ac action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
Dated	Tu Littin
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	MONTANA GOTLINSKY
	(Typed or printed name of person signing)
	(Typed or printed name of person signing) PRESIDENT