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07/28/24--01038--055 ***4:. :



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: teach a child incorp	oorated	
DOCUMENT NUMB	ER: P24000031856	-	
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	DR. ALMA T. KNIGHT		
-		Name of Contact Person	1
	TEACH A CHULD INCORP	ORATED	
		Firm/ Company	
	6003 NW 201 TERRACE		
•	MIAMI LAKES FLORIDA	Address 3	2015
		City/ State and Zip Cod	e
	DRALMATKNIGHT@GMA	AIL.COM	
	-	sed for future annual report	notification)
For further information DR. ALMA T. KNIGI	concerning this matter, pleas	se call:at (305	467-5229
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation



TEACH A CHILD INCORPORATED			
(Name o	of Corporation as curren	itly filed with the Florida	Dept. of State)
P24000031846			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporati	ion adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C"chartered," "professional association."	Corp," "Inc," or "Co".	A professional corporati	uted" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		N/A	
(Principal office address MUST BE A S		N/A	
		N/A	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	
		N/A	
		N/A	
D. If amending the registered agent ar new registered agent and/or the new			e name of the
Name of New Registered Agent	NA		
	N/A		
	(Florida	street address)	
New Registered Office Address:	N/A		, Florida
new negistered office marries.		(City)	(Zip Code)
	ŕ		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hunging Registered Age tered agent. I am familia	nt: r with and accept the oblig	gations of the position.
	Signature of New	Registered Agent, if chang	ging
Check if applicable The amendment(s) is/are being filed p	oursuant to s. 607.0120 (1	1) (c), F.S.	
(v) U (v) (v)	,		

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 Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	N/A	<u>N/A</u>	N/A
Add			
Remove	N/A	N/A	N/A
2) Change Add			
Remove 3) Change	N/A	N/A	N/A
Add			
Remove 4) Change	N/A	N/A	N/A
Add			
Remove	N/A	N/A	N/A
Add			
Remove	N/A	N/A /	N/A
Add			
Remove			

E. If amending or adding additional Articles, enter cha (Attach additional sheets, if necessary). (Be specific)	nge(s) here:
FEIN / FEN NUMBER 99-2756705	
N/A	./
N/A	
F. If an amendment provides for an exchange, reclassift provisions for implementing the amendment if not (if not applicable, indicate N/A)	fication, or cancellation of issued shares, contained in the amendment itself:
N/A	
N/A	
N/A	
N/A	
M/A	
N/A	
N/A	
N/A	

• • • • •

	04/30/2024	
The date of each amendment(s) a	idoption:	, if other than the
date this document was signed.		
	02/2024	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this l document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement cach voting group entitled to vote separately on the amendment(s):	·t
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by N/A	<u>"</u>	
	(voting group)	
07/1/2024		
Dated		
Signature	(Ilms to the	
(By a d selecte	lirector, 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 ted fiduciary by that fiduciary)	
	DR. ALMA T. KNIGHT	
	(Typed or printed name of person signing)	
	PRESIDENT /CEO/T/S	
	(Title of person signing)	

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: teach a child incorp	orated	
DOCUMENT NUMI	BER: P24000031856		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	DR. ALMA T. KNIGHT		
		Name of Contact Person	
	TEACH A CHULD INCORPORATED		
		Firm/ Company	
	6003 NW 201 TERRACE		
	MIAMI LAKES FLORIDA	Address 3	3015
		City/ State and Zip Code	<u> </u>
	DRALMATKNIGHT@GMA	IIL.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas		
DR. ALMA T. KNIG	HT 	at (de & Daytime Telephone Number
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	√ Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of



TEACH A CHILD INCORPORATED			
	of Corporation as curre	ntly filed with the Florida	Dept. of State)
P24000031846			
	(Document Number	r of Corporation (if known))
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	nis <i>Florida Profit Corporat</i> i	ion adopts the following amendment
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	A professional corporati	ated" or the abbreviation "Corn"
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S		N/A	
		N/A	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (N/A	
	,	N/A	
		N/A	
D. If amending the registered agent an	d/or registered office ad	ddress in Florida, enter th	e name of the
new registered agent and/or the new	registered office addre	ess:	<u> </u>
Name of New Registered Agent	NA	,	
- "'	N/A		
		_	
	(Florida .	street address)	
	(Florida . N/A	street address)	. Florida

☐ 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.

Example:

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	N/A	N/A	N/A
Add			/
Remove			
2) Change	N/A	N/A	N/A
Add			
Remove 3) Change	N/A	N/A	N/A
Add			
Remove			
4) Change	N/A	N/A	N/A
Add			
Remove		, , , , , , , , , , , , , , , , , , ,	
5) Change	N/A	N/A	N/A
Add			
Remove			
6) Change	N/A	N/A .	N/A
Add			
Remove			

(Attach additional sheets, if necessary). (Be specified FEIN / FEN NUMBER 99-2756705	ecific)
N/A	
N/A	
N/A	
N/A ,	
N/A	
N/A	
F. If an amendment provides for an exchange, re provisions for implementing the amendment (if not applicable, indicate N/A) N/A	eclassification, or cancellation of issued shares, if not contained in the amendment itself:
provisions for implementing the amendment (if not applicable, indicate N/A) N/A	eclassification, or cancellation of issued shares, if not contained in the amendment itself:
provisions for implementing the amendment (if not applicable, indicate N/A) N/A N/A	eclassification, or cancellation of issued shares, if not contained in the amendment itself:
provisions for implementing the amendment (if not applicable, indicate N/A) N/A N/A	eclassification, or cancellation of issued shares, if not contained in the amendment itself:
provisions for implementing the amendment (if not applicable, indicate N/A) N/A N/A	eclassification, or cancellation of issued shares, if not contained in the amendment itself:
provisions for implementing the amendment (if not applicable, indicate N/A) N/A N/A N/A N/A	if not contained in the amendment itself:

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	04/30/2024	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	/02/2024	
Effective date <u>if applicable</u> :		·
	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of direc	tors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of vosufficient for approval.	otes cast for the amendment(s)
	pproved by the shareholders through voting gor each voting group entitled to vote separate	
"The number of votes ca	st for the amendment(s) was/were sufficient fo	or approval
by N/A		19
-, <u></u> -	(voting group)	
07/1/202	•	
Dated	<u> </u>	
Signature	Wind Know	
	director, president or other officer - if directo	or officers have not been
selec	ted, by an incorporator – if in the hands of a rented fiduciary by that fiduciary)	
	DR. ALMA T. KNIGHT	
	'(Typed or printed name of perso	on signing)
	PRESIDENT /CEO/T/S	
	(Title of person signing)	

P24000031856

	(Req	juestor's Name)	
	(Add	iress)	
	(Add	ress)	
	City	/State/Zip/Phone	a #N
	(City	rotaterzijar nom	c #/
PICK-UI	P	WAIT	MAIL
	(Bus	iness Entity Nar	ne)
	/Dac	ument Number)	
	(000		
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2824 Av. 20 Av. 3: 50

ARTHUSS OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporati	on shall be:	ich A	- Child	Incor	porated	
ARTICLE II PRINCE	PAL OFFICE Principal street address		Maili	ng address, if di	flerent is:	
phani L	Principal street address 201 Corrocce Colons FL		S	ame		
23015	·					
ARTICLE III PURPO. The purpose for which th	<u>SE</u> e corporation is organize	edis: <u>We</u>	teach C	hildr	en hou	<u>u</u>
to make	- right	Choices	, how to r	-c 109 h	ze and	
follow th	e correct	pathsi	nlife, be	د ر در جرب د د در سر جرب	there	
are many	traps and	Snuves	along life's	Journ	ey Perple	<u>. </u>
follow the are many who are s	u cerso ful	develop	e wise C	10, w 5tm	thyres	
to avoid t	he traps a	ind Snar	es and pre	t into p	matice	the
to avoid + right Chai	un from C	hidhood	to old	age.	tirerlys i	33:2.16
Address &	Ock is: OFFICERS AND/OR I Dr. Alma T Heradent/(EC CCI 63 NW 2011 Line Line	Knight 1 Storetry Terr Kin, FL	Address:			— —
Name and Title:	33015		Name and Title:Address:		2024 	
Name and Title:		<i>j</i>	Name and Title: Address:		5.	

N 1770	
Name and Title:	Name and Title:
Address	Address:
	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accompanie: by Alma T. Knight Address: 603 NW 201 Tea	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: Dr. Alma T. Ko. Address: 6003 Nyl 201	ight Ph.D
1 -22 -11 271	7.00
Address: 6003 NW 201	TI sout
Manin Lakes	
	'
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific a: filing.)	OPTIONAL) nd cannot be more than five days prior or 90 days after the
<u>Note:</u> If the date inserted in this block does not meet the a the document's effective date on the Department of State's	pplicable statutory filing requirements, this date will not be listed as records.
Having been named as registered agent to accept service of certificate. I am familiar with and accept the appointment a	process for the above stated corporation at the place designated in this is registered agent and agree to act in this capacity
(Dung Ting)	04/30/2024
Required Signature/Registered A	geni Date
I submit this document and affirm that the facts stated he	rein are true. I am aware that the fulse information submitted in a
document to the Department of State constitutes a third deg	
Clare TXV	04/20/2024
Required Signature/Incorporator	Date / /