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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TEACH WELL MEDITATIONS, IN
DOCUMENT NUMBER: P 29 0000 99 963
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michelle Klink
Name of Contact Person TEACH WELL MEDITATIONS Firm/ Company
917 Shadowlawn Drive
Tallahassee, FL 32312 City/ State and Zip Code
E-mail address: (to be used for future annual report notification).
For further information concerning this matter, please call:
Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment				
to Articles of Incorporation				
P 24 0000 44 963				
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(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."	impany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	917 Shadawlawn Drive Tallahasser, FL 32312			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	917 Shadaulawn Drive Tallahassep, FL 32312			
D. If amending the registered agent and/or registered office address in Florida, enter the name of the				
new registered agent and/or the new registered office address:	1 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1			
Name of New Registered Agent O 17 Cla	MICHELLE KINC			
New Registered Office Address: (Florida stree	City), Florida Zip Code) Z			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	AUG 23			

Signature of New 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.

Example:

X_Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One) 1) Change Add	President Michelle Klink	Address 917 Shadawlawn Drive Tallahassep, FL 32312
2) Change Add	ViaPresident Michelle Klink	917 Shadowlawn Driv Talahassee, FL 32312
Remove Change		
Add Remove 4) Change Add		
Remove 5) Change Add		
Remove 6) Change Add Remove		

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<u> </u>	

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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 no document's effective date on the Department of State's records.	t 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 sha action was not required.	reholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
Dated 8(23/24)	
Signature Michello Klint	
(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)	
_ Michelle Klink	
(Typed or printed name of person signing)	
(FD)	
(Title of person signing)	

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