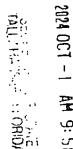
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r	Dames at ada Nassa
(	Requestor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
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Special Instructions to F	filing Officer:
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	ATION: L-1 BE	RTY LEARN	ING APPS, CORP
DOCUMENT NUMB	ER: P240000	751700	
			<del></del>
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Ton	N. DOW	
•		Name of Contact Person	n
-	1459 ETM	KSTSE DR Firm/ Company	LIBERTY LEARNING APP'S CORF
	1459 LINKSIE	U= DO ATIO	INTIC BEACH FL 32323
-	TIDY CIRRAIL	Address	10110 126101 16 1000
-			
		City/ State and Zip Cod	e
	todanh	ed Og Mic.	com
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea	se call:	
,	,, , , , ,		
To	OB AUBREY	at ( 904	<u>343 3536</u> de & Daytime Telephone Number
Name o	f 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:
☐ \$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 enclosed)	Certified Copy (Additional Copy
		,	is enclosed)
	ing Address		Address
	ndment Section		lment Section
DIVIS	sion of Corporations	DIVISIO	on of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

LIBERTY LEARNI	NG ADAS, CORP,
	filed with the Florida Dept. of State)
(Document Number of	
·	•
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida 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."	
B. Enter new principal office address, if applicable:	13300 ATLANTIC BLUD.
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	APT 919 3
	JACKSONVILLE FL, 32224
C. Enter new mailing address, if applicable:	1
(Mailing address MAY BE A POST OFFICE BOX)	
	· .
D. If amending the registered agent and/or registered office addressive registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t address)
·	
New Registered Office Address: (C	. Florida
New Registered Agent's Signature, if changing Registered Agent:	ak and annount the abliquetion of the annotation
I hereby accept the appointment as registered agent. I am familiar wi	т ana accept the obligations of the position.
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)

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	<u>n Doe</u>	
$\underline{X}$ Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	<u>P</u>	TOO AUBILEY	13300 ATLANTIC BWS
Add		,	APT 919
Remove		~ ^ )	JACKSONVILLE FL. 32223
2) Y Change		DRAKE PALLIEN	13300 AHEALIC BIVD 32223
Add			APT 919 Sachinville FL 23
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			-
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	October 18 15T , 20 (no more than 90 days after amendmen	24
	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast	for the amendment(s)
	roved by the shareholders through voting groups. 7 each voting group entitled to vote separately on the	
"The number of votes cast I	for the amendment(s) was/were sufficient for appro-	val
by		
	(voting group)	
Dated	/1/24	
Signature	1/24  Tod July: rector, president or other officer – if directors or off	icers have not been
selected	, by an incorporator – if in the hands of a receiver, ted fiduciary by that fiduciary)	rustee, or other court
	(Typed or printed name of person signing	<u>v</u> )
	^	
-	(Title of person signing)	