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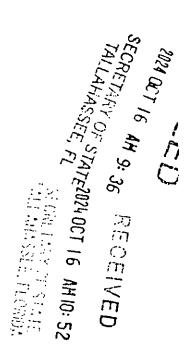
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COVER LETTER

2024 OCT 16 AM 9: 36

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LIBERTY LEARNING APPS CORP						
DOCUMENT NUMBER: P24066051280						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person						
LIBERTY LEARNING APPS CORP						
LIBERTY LEARNING APPS CORP FIRM Company 13300 ATLANTIC BLVD APP 919 Address						
JACKSONVILLE F-L 32225 City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Top Augrey at (904) 343 3536 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)						
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303						

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)
LIBERTY LEARNING Apps CORP. (Document Number of	#P24000051280
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	Forida Profit Corporation adopts the following amelimnence to
A. If amending name, enter the new name of the corporation:	TARY THE
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A particular of the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u>m</u>
C. Enter new mailing address, if applicable:	13300 ATLANTIC BLVD. Apt 919
(Mailing address MAY BE A POST OFFICE BOX)	13300 ATLANTIC BLUD. Apt 919
	JACKSONVILLE FL. 32785
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the
(Florida stree	t address)
·	rii.
New Registered Office Address:(C	, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Rea	istered Agent, if changing
	and the region of stronging
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> <u>John D</u>	<u> </u>	
X Remove	<u>V</u> <u>Mike J</u>	Jones .	20°
X Add	SV Sally S	<u>Smith</u>	TALL
Type of Action (Check One)	Title	<u>Name</u>	Address AHR T
1) X Change	PT	TOD AUBREY	13300 ATLANTICARUE
Add	l	,	
Remove	,		TACKSONVILLE FLEB 2225
2) <u>> Change</u>	<u>v/s</u>	DRAKE PAULSON	1579 LINKSIDE DR.
Add			ATLANTIC BEACH FL. 32233
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption: 10/16/24 date this document was signed.	_, if other th	nan the	
Effective date <u>if applicable:</u> (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 document's effective date on the Department of State's records.	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 and s action was not required.	shareholder		
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 east for the amendment(s) was/were sufficient for approval	S	201	
by	CRETAR TALLAH	2024 OCT 16	- I
Dated	TARY OF STATE AHASSEE, FL	5 AM 9: 36	
(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)			
(Typed or printed name of person signing)			
(Title of person signing)			