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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

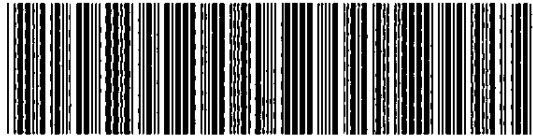
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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[Signature]

FILED
2009 FEB 12 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



guidant financial group™

February 9, 2009

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Articles of Amendment for **TLE OF BROWARD & DADE COUNTY, INC.**

We have enclosed Articles of Amendment for **TLE OF BROWARD & DADE COUNTY, INC.** The amendment is being filed to change the corporation's name from **TLE OF BROWARD & DADE COUNTY, INC.** to **The Miracle Academy, CDC, Inc.** Please find enclosed:

1. The original plus one (1) copy of the Articles of Amendment
2. A copy of the Resolution authorizing the amendment.
3. A check made out to Florida Department of State for \$43.75 for the filing fee & certified copy

Please file the Articles and return a certified copy to us using the enclosed return envelope.

Thank you for your help regarding this matter. If you have any questions, please do not hesitate to call.

Regards,

Entity Department
Guidant Financial Group, Inc.
E-mail: entities@guidantfinancial.com
Direct Line: 1.888.472.4455x3255
Fax: 1.888.418.0374

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: TLE OF BROWARD & DADE COUNTY, INC. +

DOCUMENT NUMBER: P09000010242 +

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID CRABTREE
(Name of Contact Person)

ENTITY DEPARTMENT GUIDANT FINANCIAL GROUP
(Firm/ Company)

13122 NE 20TH STREET, SUITE 100
(Address)

BELLEVUE, WA 98005
(City/ State and Zip Code)

For further information concerning this matter, please call:

DAVID CRABTREE at (888) 472-4455x3255
(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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|---|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

2009 FEB 12 PM 2: 52

TLE OF BROWARD & DADE COUNTY, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P09000010242

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The Miracle Academy, CDC, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> 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) adoption: FEBRUARY 6, 2009

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

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)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated February 6, 2009

Signature Courtney M. Fuller

(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)

COURTNEY M. FULLER
(Typed or printed name of person signing)

INCORPORATOR
(Title of person signing)