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· (Req	uestor's Name)	
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(City	/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
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SEP 2 1 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section

Division of Corporations	•
NAME OF CORPORATION: POPOCO	1st daycare Inc
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Maria F My first 5135 Sou Davie Thelittleseed E-mail address: (to be use	Name of Contact Person St day Care Inc Firm/ Company Th University Dr Address Florida 33328 City/ State and Zip Code Spreschool Equal. con ed for future annual report notification
For further information concerning this matter, please	e call:
laria + Sauchez Heymar Re	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$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		
O I O	of of	$\neg \gamma_{\infty}$.	
(Name of Corporation as	currently filed with the Florida Dept	t. of State)	_
ROO	2208100001		
(Document	t Number of Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name	me of the corporation:		
			_The new
"Corp.," "Inc.," or Co.," or the designal word "chartered," "professional associate B. Enter new principal office address, it (Principal office address MUST BE A ST	ion," or the abbreviation "P.A." f applicable:	ojessional corporation name must	contain the
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O			龙野27 星
D. If amending the registered agent and new registered agent and/or the new Name of New Registered Agent		ida, enter the name of the	3:06
	(Florida street address)		
New Registered Office Address:	(City)	, Florida(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)

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 <math>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:	ve, una sany smar	i, br as an Aga.	
Example: X Change	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	3	Edwin Navarro	5135 Suriversity dr
Add Remove			Davie Fl 33328
2) Change	<u>S</u>	Gladys Witt	6790 Lee Street
Add		J	Hollywood 71
3) Change	<u>S</u>	Geraldine Niemand	47315W 39 AND
Add Remove			Davia Beach Fl 33312
4)Change	DD	Maria Fernanda Sanche	Davie 41 33328
Add Remove			Davre 41 30008
5) Change	•···		
Add			
Remove			
6) Change			
Add			
KCHOVC			

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	·			
reclassification	ı, or cancel	llation of issu	ed shares,	
TH HOT COMMIS	ica na viic i		100111	
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	··· • · · · · · ·	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			<u>,, ,,</u>	
	reclassification	reclassification, or cance t if not contained in the	reclassification, or cancellation of issue t if not contained in the amendment is	reclassification, or cancellation of issued shares, t if not contained in the amendment itself:

The date of each amendment(s) adoption	1: <u>9-19-2</u>	
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 by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.	
` · ·	by the shareholders through voting groups. The following statement of oting 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 action was not required.	y the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated_ 9 19	7012 Tomanda Sandes	
Signature	romanda Sandez	
(By a director,	president or other officer if directors or officers have not been incorporator — if in the hands of a receiver, trustee, or other court	
	iciary by that fiduciary)	
	MARIA FROMANDA SAMPHED	
**************************************	MARIA FERNANDA SAUCHEZ (Typed or printed name of person signing)	
	PRESIDENT / DIRECTOR	
	(Title of person signing)	