## P15000014654

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
AIT MAIL					
(Business Entity Name)					
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rtificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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OTVISION OF CORPESSIONS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
	1.410	Lights	of Healthard Ama

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

Please return all correspondence concerning this matter to the following:

Elsie Montperous
Little Lights of the World Learning Center
18215 NW BH Ave
Miami Cardano F1, 33056 City/ State and Zip Code
Montperous @ Comcast-net  E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

E/sie Montperous at (954) 805-9572

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 \$43.75 Filing Fe

□\$43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & Certified Copy

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**

Articles of Incorporation

Artici	ies of incorporation			- ^
1	of	0	15 JUL 31 AM 10:5	98
Little Lights Early	Learning	(en	ter Ivc.	
(Name of Corporation as	currently filed with th	Florida Dept.	of State)	
$\mathcal{P}_{I}$	15 000C	146	54	
(Document N	lumber of Corporation (i	if known)		
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit	Corporation add	opts the following amendment	(s) to
A. If amending name, enter the new name of the corpora	ation.	•		
little lights of the	World	Learning	Center The new	
name must be distinguishable and contain the word "con	rporation," "company,	," or "incorpor	ated" or the abbreviation	
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inword "chartered," "professional association," or the abbrev		ssional corporat	ion name must contain the	
	100	15 NI.	15 He D.	
B. Enter new principal office address, if applicable:	() 18d1	JIW	10 = KY WE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	m / c m	u Gare	1 our	
	101.1.1	· · · ·		
	<u> </u>	330	55	
C. Feter new mailing address if applicable.	,			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100	1.54)	191 Ten	
interior interior interior in the interior in	700			
	remo	broke	Pines I	
	$\mathcal{L}$	1 33	029	
		<del>// 00</del>	00/	
D. If amending the registered agent and/or registered off		, enter the name	of the	
new registered agent and/or the new registered office	address:			
Name of New Registered Agent E/Sig	e Mon	tperc	245	
1001 Su	V 191 Ter Florida street address)	rrace to	embroke Tunes	F1,3302
,_	1 in He 1	. ·	2000	<i>A</i>
New Registered Office Address: (82/5 W)	(City)		Florida <u>3305</u> 6 (Zip Code)	
Mean	* Garden	حه	(mp 30.10)	

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change Add Remove	<del></del>			
2) Change Add Remove 3 ) Change Add				
Remove 4) Change Add Remove				
5) Change Add Remove	<del></del>	- <u>************************************</u>		
6) Change Add Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

Γhe	e date of each ame	ndment(s) adop	tion:	, if other than the
late	this document was	s signed.		FILED
iff	ective date <u>if appli</u>	icable:		SECRETARY OF STUTE DIVISION OF GROWN TOUS
			(no more than 90 days after amendment file date	Till
			does not meet the applicable statutory filing requirer tment of State's records.	nents, this date will not be listed as the
٩d٠	option of Amendn	nent(s)	( <u>CHECK ONE</u> )	
	The amendment(s was/were sufficie	· •	sted by the members and the number of votes cast for	the amendment(s)
	There are no men adopted by the bo		s entitled to vote on the amendment(s). The amendment	ent(s) was/were
	Dated	06/16/2015		
	Signatur	(By the chairma	an or vice chairman of the board, president or other o	
			selecte. by an facorporator — if in the hands of a reconinted fiduciary by that fiduciary)	eiver, trustee, or
		ELSIE MC	ONTPEROUS	
			(Typed or printed name of person signing	g)
		DIRECTO	₹	
		· · · · · · · · · · · · · · · · · · ·	(Title of person signing)	