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| PICK-UP | ☐ WAIT | MAIL |
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| Special Instructions to | Filing Officer | |
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: _ | Learn | То | Read | Of | st. | Lucie | County, | Inc. |
|--|------------------------------------|--------|---|------------------|-----------|----------------------|--|----------------|
| DOCUMENT NUMBER: | N0064 | 12 | | | | | | |
| The enclosed Articles of Amendme | ent and fee are | subir | nitted for f | iling. | | | | |
| Please return all correspondence co | oncerning this | mattei | r to the fol | lowinį | g: | | | |
| | ızma Car | nacl | ho | | | | | |
| | | (| (Name of | Contac | et Person | n) | <u>-</u> | |
| L | earn To | Rea | ad Of (Firm | St Com | Luepany) | cie Co | unty, In | c. |
| 86 | 09 Delav | war | e Ave | | | | | |
| | | | (A | ddres | s) | | | |
| F | t. Pier | ce, | FL 3 | 495 | O | | | |
| | | (| City/ State | e and ? | Zip Cod | e) | · | . - |
| E-mail a For further information concerning | uzmar200 address: (to be | used | for future | out) annua | n.ne | t notification) | • | _ |
| | , p. | | | | | | | |
| Luzma Camacho | | | at (772) 464-2747 (Area Code & Daytime Telephone Number) | | | | | A71X |
| (Name of Contact P | , | | | | | | | Number) |
| Enclosed is a check for the following | ng amount mad | de pay | able to the | e Flori | da Depa | artment of S | tate: | |
| | 3.75 Filing Fe rtificate of Sta | | ☐ S43.75 I Certified (Addition enclose | l Copy nal co | 1 | Certific Certific | Filing Fee cate of Status ad Copy onal Copy is ed) | |
| 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 | | | | | |

Articles of Amendment to Articles of Incorporation of



Learn To Read Of St. Lucie County, 1000721 ##11:36

| Dearn to Kead Of | . Dt. Lucie | country, | 484001 51 | MOTOR . |
|--|---------------------------------|------------------|-----------------------|-----------|
| (Name of Corporation as currently filed with the Flo | orida Dept. of State) | | E. 67.7 17. 5 | |
| N00642 | | | BALLARS 4 | |
| (Document Number of C | orporation (if known) | | Col the hearth do gar | = + |
| Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation: | • | | oration adopts the | following |
| A. If amending name, enter the new name of the corporat | <u>ion:</u> | | | |
| | | | | The new |
| name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name. | tion" or "incorporate | ed" or the abb | reviation " Corp." (| or "Inc." |
| 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) | | | | - |
| | | | | _ |
| | | | | |
| | | | | - |
| If amending the registered agent and/or registered offinew registered agent and/or the new registered office a | | a, enter the na | me of the | |
| | itti ess. | | | |
| Name of New Registered Agent: | | . | _ | |
| | | | _ | |
| New Registered Office Address: | (Florida street address) | | | |
| - | | , Florida | | |
| (City) | | | (Zip Code |) |
| New Registered Agent's Signature, if changing Registered Thereby accept the appointment as registered agent. I am fa | Agent: miliar with and accep | ot the obligatio | ns of the position. | |
| Signature of New | Registered Agent, if o | changing | _ | |
| | | | | |

Page 1 of 4

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 X_Remove X_Add | <u>V</u> <u>Mil</u> | n <u>Doe</u> se Jones ly Smith | |
|----------------------------------|---------------------|--------------------------------------|------------------------------|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | D | Mark_Freed | |
| Add _X Remove | | | <u>Ft. Pierce, FL 34</u> 950 |
| 2) Change | D | Judith Brennan | 1145 Bayshore Dr. #101 |
| Add Remove | | | Ft. Pierce, FL 34949 |
| 3) Change | D | Mary Quijano | 809 Delaware Ave. |
| AddX Remove | | | Ft. Pierce, FL 34950 |
| 4) Change Add Remove | | | |
| 5) Change | | | |
| Remove | | | <u> </u> |
| 6) Change | | | |
| Remove | | | |

| f amending or adding additional Arti attach additional sheets, if necessary). | (Be specific) |
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| | this document was signed. | adoption: | , if other than the |
|---------------------------------------|---|---|---------------------|
| Effective date <u>if applicable</u> : | | Immediately | |
| | | (no more than 90 days after amendment file date) | |
| Ada | option of Amendment(s) | (<u>CHECK ONE</u>) | |
| X | The amendment(s) was/were was/were sufficient for appro | adopted by the members and the number of votes cast for the amendment(s) val. | |
| | There are no members or men adopted by the board of direct | mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors. | |
| | Dated | 0/17/2014 | |
| | Signature | u. Cua | |
| | | Irman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator — if in the hands of a receiver, trustee, or | |
| | | t appointed fiduciary by that fiduciary) | |
| | Luzma | Camacho | |
| | | (Typed or printed name of person signing) | |
| | Execu | tive Director | |
| | | (Title of person signing) | |