

N01000005205

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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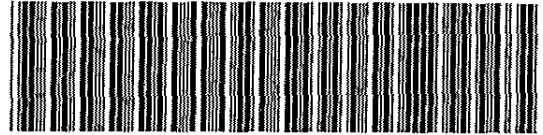
(Business Entity Name)

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**FILED**  
05 JUL -5 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7-6  
amend

Learning Development Center, INC  
1089 Hamlet Drive  
Maitland FL 32751  
June 14, 2005

Attention, Division of Corporation

I am Sending 35 ~~00~~ for all Changes  
to my Articles of Amendment 617.1006  
and Articles of Incorporation 617, F.S.,  
May I please have a Certified Copy of  
The Articles I have Send to you for  
Change. here is my 875 for my  
Articles.

Thank you  
Jeannie Brisbon  
President.

000056514190

06/20/05--01071--023 \*\*52.50



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

June 27, 2005

JEANNIE BRISBON  
% LEARNING DEVELOPMENT CENTER, INC.  
1089 HAMLET DRIVE  
MAITLAND, FL 32751

SUBJECT: LEARNING DEVELOPMENT CENTER, INC.  
Ref. Number: N01000005205

We have received your document for LEARNING DEVELOPMENT CENTER, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The second page of the amendment form was not enclosed. Please correct your document and return to this office for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut  
Document Specialist

Letter Number: 005A00043277

RECEIVED

05 JUL -5 AM 8:00

DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Learning Development Center, Inc

DOCUMENT NUMBER: No1000005205

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

Please return all correspondence concerning this matter to the following:

Jeannie Brisbon  
(Name of Contact Person)

Learning Development Center, Inc  
(Firm/ Company)

1089 Hamlet DR  
(Address)

Maitland FL 32751  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Jeannie Brisbon at ( 407 ) 644-6581 or Fax  
(Name of Contact Person) (Area Code & Daytime Telephone Number)  
cell (407) 712-3344

Enclosed is a check for the following amount:

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

Mailing Address

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

Street Address

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

Learning Development Center, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

No 1000005205

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

1) Article III: Amend the following

a) Being a not for profit organization, we Dedicate our Selves to provide a Cost Effective Continuum of Care and Education in a Safe Home Like Environmen that will cater to Supportive Serives For Individuals that may have Health Related problems.

2) Article III: delete the following

To provide a Cost Effective Continuum of Care and Education, Along with Supportive Services for Individuals having Health related problems or Immune-suppressive Type conditions INCLUDING The HIV Infection.

3) Article V: delete the following

Daffine Clavier, Secretary

4473 malibu Street

Orlando FL 32811

(Attach additional pages if necessary)

(continued)

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

The date of adoption of the amendment(s) was: June 29, 2005

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 members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 29 day of June, 2005.

Signature Jeannie Brisbon  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JEANNIE BRISBON  
\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT  
\_\_\_\_\_  
(Title of person signing)

**FILING FEE: \$35**