N0700005632

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| |
| Certified Copies Certificates of Status |
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| Consideration As Etc., Office |
| Special Instructions to Filing Officer: |
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SECTION AT 15 STATE
TALLAHASSEE, FLORIBA

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

| VAND OF CORRORA | | iance fo | or Early | Care and | Education, Inc. |
|--|--|------------------------------|--|-----------------------|---|
| NAME OF CORPORA | .HON: | | | | |
| DOCUMENT NUMBE | R: N07000 | 0005632 | | | - |
| The enclosed Articles of | Amendment and fee are sub | mitted for | filing. | | |
| Please return all correspo | ondence concerning this matt | er to the fo | ollowing: | | |
| | Linda Carmona-Sa | nchez | · · · · · · · · · · · · · · · · · · · | -4- | |
| | (Name of | Contact Po | erson) | | |
| | Alliance for Ear | ly Care | and Educ | cation, I | nc. |
| | (Firm | / Company | y) | | |
| | 2200Biscayne Blvo | d., 2nd | Floor | | |
| | (4 | Address) | | | |
| | <u> Miami FL 33137</u> | · | | | |
| | (City/ Sta | te and Zip | Code) | | |
| | linda@myaece.org E-mail address: (to be use | d for futur | a oppuel ra | nort notifica | tion) |
| T. C. d | | | e annuar re | port nonnea | non) |
| For further information (| concerning this matter, please | e can: | | | |
| Linda Carmona-S | | at (| 786) | 210-16 | |
| (Name of | Contact Person) | | (Area Co | de & Daytim | ne Telephone Number) |
| Enclosed is a check for t | the following amount made p | ayable to | the Florida | Department | of State: |
| | ☐ \$43.75 Filing Fee & Certificate of Status | Certif | 3.75 Filing ied Copy tional copy sed) | | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| | Address nent Section | | Street Ad Amendme | ldress ent Section | , |
| Division of Corporations P.O. Box 6327 | | | | of Corporation | ns |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle | | | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

The Alliance for Early Care and Education, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N07000005632

| (Document Number of Cor | poration (if known | i) | | | |
|--|--|---|---------------------------------------|--------------|----------|
| Pursuant to the provisions of section 617.1006, Florida Stathe following amendment(s) to its Articles of Incorporation | tutes, this <i>Florida</i> | | fit Corporatio | <i>on</i> ad | lopts |
| A. If amending name, enter the new name of the corpo | ration: | | | | |
| N/A | | | | | |
| The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co." ma | word "corporation t <mark>y not be used in t</mark> i | n" or "incor <u>j</u> <u>he name</u> . | porated" or i | the | |
| B. Enter new principal office address, if applicable: | | N/A | TA | = | |
| (Principal office address MUST BE A STREET ADDRE | <u>SS</u>) | | L A A | ¥. | |
| | | | ····································· | - | <u>—</u> |
| | | | | <u> </u> | FILED |
| C. Enter new mailing address, if applicable: | | N/A | FE SE | 22 TX | D |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | | - E | = | |
| | | | <u> </u> | _ | |
| | | | | | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | | ∛lorida, enter | the name of | <u>f the</u> | |
| | | | | | |
| Name of New Registered Agent: | √A | | | | |
| New Registered Office Address: | Florida street ada | lress) | | | |
| <u></u> | | | , Florida | | |
| | (City) | | (Zip Code, |) | |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. position. | r <mark>ed Agent:</mark> I am familiar with | ı and accept | the obligation | ns oj | f the |
| | 1/A | | | | |
| Cignatura of | Nou Pagistared | lant if chan | aina | | |

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)

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|------------------------------|---|--|-------------------------|
| F <u>D/CEO</u> | Linda Carmona-Sanchez | 2200 Biscayne Blvd. 2nd Floor Miami FL 33137 | Add Remove CHANGE TITLE |
| <u>CH</u> | Armando Guerra | 10725 SW 216 St., #308 Miami FL 33179 | Add Remove |
| | | | CHANGE TITLE |
| | | | . □ Add □ Remove |
| E. If amending (attach addit | g or adding additional Articles, enter control in the specific onal sheets, if necessary). (Be specifically a specific on the specific of the | change(s) here: | |
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| The date of each amendment(s) adoption: _ | March 1, 2010 |
|--|---|
| ., . | (date of adoption is required) |
| Effective date <u>if applicable</u> : | March 1, 2010 |
| | ore than 90 days after amendment file date) |
| A.J | HECK ONE |
| Adoption of Amendment(s) | HECK ONE) |
| The amendment(s) was/were adopted by the was/were sufficient for approval. | ne members and the number of votes cast for the amendment(s) |
| There are no members or members entitle adopted by the board of directors. | d to vote on the amendment(s). The amendment(s) was/were |
| | |
| Dated May 5, 201 | 0 |
| / | |
| Signature <u> </u> | Lainfine Midls |
| ` • | r vice chairman of the board, president or other officer-if directors |
| | cted, by an incorporator – if in the hands of a receiver, trustee, or |
| other court appoint | ed fiduciary by that fiduciary) |
| | Linda Carmona-Sanchez |
| | Yed or printed name of person signing) |
| (- | Sterror transport bereatt of British |
| | President/CEO |
| | (Title of person signing) |

Page 3 of 3