N07000009901

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SECRETARY OF STATE
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ASR 4 12109

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Thinking (Child Academy School, Inc	·
DOCUMENT NUMBER: <u>N07000009901</u>		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Noelia Montaner		
(Name of	Contact Person)	
Thinking Child Academy Sc		and the control of th
(Firm	/ Company)	
155 NW 4th Street	Address)	• · · · · · · · · · · · · · · · · · · ·
	Address)	
Homestead, FL 33030	te and Zip Code)	
For further information concerning this matter, p	•	
Noelia Montaner	at (305) 247-303	
(Name of Contact Person)	(Area Code & Daytime	: Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida Dep	partment of State:
\$35 Filing Fee \$\sum \text{\$43.75 Filing Fee & Certificate of Status}\$	S43.75 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 C	ircle

Tallahassee, FL 32301

Articles of Amendment

(Zip Code)

, , Artı	cies of Incorpo of	ration	SEO APR 23 PH
The Thinking (Name of Corporation as curr		my School, Inc. the Florida Dept. of Sta	TALLAHASSEE, FLOR
	N070000099		
(Document Nur	nber of Corporati	ion (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of I	, Florida Statutes, ncorporation:	, this <i>Florida Not For P</i>	rofit Corporation adopts
A. If amending name, enter the new name of	f the corporatio	<u>n:</u>	
Thinking Child Educational Programme must be distinguishable and cabbreviation "Corp." or "Inc." "Company" of	ontain the word		orporated" or the
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		No Change	ABUTTAL
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		No Change	
D. If amending the registered agent and/or new registered agent and/or the new regi			er the name of the
Name of New Registered Agent:	Noelia Monta	ner	.
	No Change		
New Registered Office Address:		da street address)	_
			_, Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. Yam familiar with and accept the obligations of the position.

(City)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	Noelia Montaner	155 NW 4th Street Homestead, FL 33030	Add Remove
<u>P</u>	Angela Pinaglia	155 NW 4th Street Homestead, FL 33030	Add Remove
<u>Sec</u>	Christine Vera	155 NW 4th Street Homestead, FL 33030	Add Remove
E. If amen (attach a	ding or adding additional Articles, dditional sheets, if necessary). (Be	enter change(s) here: e specific)	

The date of each amendmen	t(s) adoption: 4/20/09
Effective date if applicable:	4/20/09
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated 4/20 Signature (By hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or
oth	er court appointed fiduciary by that fiduciary)
	Noelia Montaner
	(Typed or printed name of person signing)
	President
	(Title of person signing)