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S. YOUNG

COVER LETTER

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TO. Amendment Section
Division of Corporations

NAME OF CORPORATION: Thinking Child Educ	cational Programs		
N07000009901 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are subr	nitted for filing.	-	
Please return all correspondence concerning this matte	er to the following:		
Noelia Montaner			
	(Name of Contact Per	rson)	
Thinking Child Educational Programs, Inc.			
	(Firm/ Company))	
155 NW 4th Street			
	(Address)		
Homestead, FL 33030			
	(City/ State and Zip C	Code)	
montaner@tccaschool.com			
E-mail address: (to be used	for future annual repo	ort notification	1)
For further information concerning this matter, please of	call:		
Noelia Montaner	a.	305	247-3036
(Name of Contact Person)	at _	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida D	epartment of !	State:
■ \$35 Filing Fee		Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address		et Address	
Amendment Section Division of Corporations		endment Secti ision of Como	

Division of Corporations
P.O. Box 6327

Tallahassee, FI. 32314

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

Nim 00009901	as currently filed with the Flo	nitra Dept. of State)
(Docum	ent Number of Corporation (if	known)
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the N/A	corporation:	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		
B. Enter new principal office address, if applical	N/A	
(Principal office address <u>MUST BE A STREET A</u>		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	(OX) N/A	20 5
		. 2:
		\$ 1 to
D. If amending the registered agent and/or registered agent and/or the new registered		, enter the name of the
Name of New Registered Agent:	N/A	
V. B		lorida street address)
<u>New Registered Office Address</u> :	N/A	, Florida
	(Ciŋ·)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	egistered Agent: I am familiar with and accep	t the obligations of the position.
	Signature of New Regi.	stered 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 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	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change	VT	Christine Lerin	155 NW 4th Street
Add			Homestead, FL 33030
X Remove			
2) Change			
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
N/A	
	

, if other than the
e will not be listed as the
nt(s)
rre
or
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