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| (Requestor's N                       | Name)              |
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| (City/State/Zip                      | /Phone #)          |
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## \* COVER LETTER

| Division of Corporations   |            |
|--|------------|
| SUBJECT: Thinking Child Educational Programs, Inc.   |            |
| (Name of Corporation)  |            |
| DOCUMENT NUMBER: N07000009901  |            |
| Please return all correspondence concerning this matter to the following:  |            |
| Frank Perez-Llona  |            |
| (Name of Person)   |            |
| Thinking Child Educational Programs, Inc.  |            |
| (Name of Firm/Company)   |            |
| 155 NW 4th Street  |            |
| (Address)  |            |
| Homestead, FL 33030  |            |
| (City/State and Zip Code)  |            |
| For further information concerning this matter, please call:   |            |
| Frank Perez-Llona at (305) 247-3036  (Name of Person) (Area Code & Daytime Telephor  |            |
| (Name of Person) (Area Code & Daytime Telephon   | ne Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State.   |            |
| Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |            |

TO: Amendment Section

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed with th   | <u>e Florida D</u>       | Dept. of State)                  |                              |                       |
|---|--------------------------|----------------------------------|------------------------------|-----------------------|
| Thinking Child Educational Program, Inc.  |                          |                                  |                              |                       |
| (Docur  | nent Numbe               | er of Corporation (if kno        | vn)                          |                       |
| Pursuant to the provisions of section 617,1006, Flo<br>amendment(s) to its Articles of Incorporation: | orida Statute            | s, this <i>Florida Not For I</i> | Profit Corporation adopts th | e following           |
| A. If amending name, enter the new name of th   | e corporati              | ion:                             |                              | The second            |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam       |                          | ion" or "incorporated"           | or the abbreviation "Corp."  | rne new<br>for "Inc." |
| B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u> |                          | )                                |                              |                       |
|   |                          |                                  |                              | 2020                  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE                    | <u>BOX</u> )             |                                  |                              |                       |
|   |                          |                                  |                              | 5 PH                  |
| D. If amending the registered agent and/or reginew registered agent and/or the new register           |                          |                                  | iter the name of the         | 2: 29                 |
| Name of New Registered Agent:   | Frank Per                |                                  |                              |                       |
|   | 155 NW 4                 | th Street                        |                              |                       |
| New Registered Office Address   | :                        | (Flore                           | la street address)           |                       |
|   | Homestea                 |                                  | , Florida 33030              |                       |
|   |                          | (City)                           | (Zip Code)                   |                       |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent     | Registered u. Am fan Siy | niliar with and accept th        | obligations of the position. |                       |
|   | (                        |                                  |                              |                       |

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; U= 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 Do           V         Mike Jo           SV         Sally Sn | <u>nes</u>                                 |                     |
|--|--|--|---------------------|
| Type of Action<br>(Check One)                      | <u>Title</u>   | Name                                       | <u>Addres</u> s     |
| 1) Change<br>Add                                   | P/S  | Noelia Montaner                            | Homestead, FL 33030 |
| x Remove   |  |  |                     |
| 2) Change Add                                      | P/S  | Frank Perez-Liona                          | Homestead, FL 33030 |
| Remove  3 ) Change  x Add  Remove                  | VP/T   | Elizabeth Pena                             | Homestead, FL 33030 |
| 4) Change Add                                      |  |  |                     |
| Remove   |  |  |                     |
| 5) Change Add                                      |  |  |                     |
| Remove   |  |  |                     |
| 6) Change Add                                      |  |  |                     |
| Remove   |  |  |                     |
| E. If amending or addit<br>(attach additional shee |  | icles, enter change(s) here: (Be specific) |                     |
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| The date of each amendment(s) adoption: date this document was signed.                             | 5/13/2020   | _, if other than the |
|  |   |                      |
| (ne  | o more than 90 days after amendment file date)  |                      |
| <u>Note:</u> If the date inserted in this block does a document's effective date on the Department | not meet the applicable statutory filing requirements, this date will not of State's records. | be listed as the     |
| Adoption of Amendment(s)   | CHECK ONE)  |                      |
| ☐ The amendment(s) was/were adopted by was/were sufficient for approval.                           | y the members and the number of votes east for the amendment(s)                               |                      |

| <b>:</b> | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.   |  |  |  |  |
|----------|--|--|--|--|--|
|          | Dated May 13, 2020   |  |  |  |  |
|          | Signature  (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 vother court appointed fiduciary by that fiduciary) |  |  |  |  |
|          | Frank Perez-Llona  |  |  |  |  |
|          | (Typed or printed name of person signing)  |  |  |  |  |
|          | President  |  |  |  |  |

(Title of person signing)