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(Address)			
(Ac	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
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JUN - 9 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LIL SCHOLA	ARS LEARNING A	ACADEMY, INC.
	BER: N12000002		
	of Amendment and fee are su		
Please return all corre	spondence concerning this mat	tter to the following:	
	SYBRENDA JO	OHNSON	
		Name of Contact Persor	1
	LIL SCHOLARS LE		
		Firm/ Company	
	3520 NW 13Th		
		Address	
	GAINESVILLE	, FL 32609	
		City/ State and Zip Code	c
scl	nolarsacademy	352@gmail.co	nm .
		sed for future annual report	
	,	•	,
For further information	n concerning this matter, pleas	se call:	
Sybrenda .	Johnson	407	716-2119
	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Мя	iling Address	Street	Address
	endment Section		Iment Section
Div	ision of Corporations	Divisio	on of Corporations

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

LIL SCHOLARS LEARNING ACADEMY, INC.14 MAY 27 HOLE 36

(Name of Corporation as currently filed with the Florida Dept. of State) N1200000296

(Document Number of Corporation (if known)

dment(s) to

A. If amending name, enter the new name of the corporati	ion:	
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	," or "Co". A professional corporation name mus.	
B. Enter new principal office address, if applicable:	3520 NW 13TH STRET	
(Principal office address MUST RE A STREET ADDRESS	GAINESVILLE, FL 32609	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(<i>Manage and cos <u>Marie Barriogi Ori 102 2012</u>)</i>		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		
	inmiess:	
Name of New Registered Agent		
(Flo	orida street address)	
(1 1)/	•	
	, Florida	
New Registered Office Address:	(City) (Zip Code)	

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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>ume</u>	<u>Addres</u> s
1) Change				
Add				
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) ARTICLE III - PROVIDE A STIMULATING EARLY CARE AND EDUCATION
EXPERIENCE WHICH WILL CONSISTS OF BUT NOT LIMITED TO PROGRAMS
AND SERVICES THAT PROMOTE EACH CHILD'S SOCIAL/EMOTIONAL,
PHYSICAL AND COGNITIVE DEVELOPMENT AND PROVIDE FAMILIES FROM
LOW INCOME WITH LIFE SKILLS/SOCIAL SERVICES ASSISTANCE.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
(9

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(no moi	re than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ON	(E)
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	lers. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the sharehole must be separately provided for each voting group en	
"The number of votes cast for the amendment(s)	was/were sufficient for approval
by	
(voting group	9)
The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorpora action was not required.	tors without shareholder action and shareholder
Dated 5 20 14	
Signature A A A A A A A A A A A A A A A A A A A	_
(By a director, president or o	ther officer – if directors or officers have not been
	if in the hands of a receiver, trustee, or other court
appointed fiduciary by that f	iductary)
Subrendas	onnson
$\int_{\mathbb{T}}$	yped or printed name of person signing)
() in notion	
· Remove	(Title of person signing)