NIA000001704

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700327222937

04/08/19--01025--012 **43.75

Amendica

APR 1 2 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: andria iteracy For further information concerning this matter, please call: (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

(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 Circle Tallahassee, Fl. 32301

Certified Copy

(Additional Copy is Enclosed)

Articles of Amendment to Articles of Incorporation of

Language And Literacu Acad	emy For Lea	uning PTO Inc.		
(Name of Corporation as currently fi	<u>iled with the Florida Dep</u> i _ /	t. of State		
Document Number of	Corporation (if known)			
	•			
Pursuant to the provisions of section 617.1006, Florida Statutes, th amendment(s) to its Articles of Incorporation:	is Florida Not For Profit (Corporation adopts the following		
A. If amending name, enter the new name of the corporation:		The new		
name must be distinguishable and contain the word "corporation" "Company" or "Co." may not be used in the name.	or "incorporated" or the	abbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A			
 .	N/1		(1.6107	! !
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	·	ن -	
	N/4	1	PH 3: EO	
D. If amending the registered agent and/or registered office ad	dress in Florida, enter th	e name of the	Ö	
new registered agent and/or the new registered office addre	<u>:ss:</u>			
Name of New Registered Agent:	N/A			
	(Florada stree	t address)		
<u>New Registered Office Address:</u>	WA	A170		
	- in/y	Florida <u> V / T \</u> (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia		ations of the position.		
	NA			
Signat	ture of New Registered Age	nt, 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	<u>V</u> <u>Mike</u>	Doe : Jones : Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	R	Shantelle K. Stewart	1348 Nelson ParkCt Kissimmee, FL 34759
2) Change Add			
Remove 3) Change			
Add			
4) Change Add			
Remove			
5) Change Add			
Remove 6) Change			
Add			
Remove			

f amending or adding additional Arti utach additional sheets, if necessary).	(Be specific)	
· ·		

The date of eac date this docume	h amendment(s) ad ent was signed.	option: Immediate	if other than t
Effective date <u>i</u>	_	Immediately (no more than 90 days after)amen	ndment file date)
		ck does not meet the applicable statutor partment of State's records.	y filing requirements, this date will not be listed as the
Adoption of An	iendment(s)	(<u>CHECK ONE</u>)	
The amend was/were so	ment(s) was/were ad ufficient for approva	lopted by the members and the number of	of votes cast for the amendment(s)
	o members or memb the board of directo	pers entitled to vote on the amendment(s	s). The amendment(s) was/were
Da	ued <u>04</u>	103/2019	
Sig	gnature <u>M</u>	iyoun 2. Boumon	\sim
	have not bee	man for vice chairman of the board, presen selected, by an incorporator – if in the appointed fiduciary)	
		Miyouvi T. Bo (Typed or printed name of	DWMaV) of person signing)