N15000005017

(Re	equestor's Name)	
(Ad	ddress)	,
(Ad	ddress)	
(C	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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DIVISION OF CORPERATION

JAN - 7 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2015

SHANNETTE RIVERA / UNIQUE KIDS 2 PRESCHOOL, INC. 1590 NE 142ND ST NORTH MIAMI, FL 33161 US

SUBJECT: UNIQUE KIDS 2 PRESCHOOL, INC.

Ref. Number: N15000005017

We have received your document for UNIQUE KIDS 2 PRESCHOOL, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 915A00026597

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:				
N15000005017				
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following	ng:			
Shannette Rivera				
(Name of Conta	act Person)			
Unique Kids 2 Preschool, Inc.				
(Firm/ Con	npany)			
1590 NE142nd ST				
(Addre	ss)			
North Miami, FL 33161				
(City/ State and	Zip Code)			
admin@uniquekidschildcare.com				
E-mail address: (to be used for future annu	al report notification)			
For further information concerning this matter, please call:				
Shannette Rivera	305-493-9625 at			
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Certificate of Status Certified Cop (Additional cenclosed)	opy Certificate of Status opy is Certified Copy (Additional Copy is Enclosed)			
Malling 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			

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Amendment to Articles of Incorporation of

15 DEC 30 PM 4: 03

Unique Kids 2 Preschool, Inc.		
(Name of Corporation as curren	tly filed with the F	lorida Dept. of State)
N15000005017		
(Document Numb	er of Corporation (i	f known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
N/A		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorpora	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	l Table to the second	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(maning universe MAT BE A FOST OFFICE BOA)		
		
	 	
D. If amending the registered agent and/or registered office	e address in Flori	ia, enter the name of the
new registered agent and/or the new registered office a		<u> </u>
Name of New Registered Agent: N/A	<u> </u>	
·		
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		ept the obligations of the position.
	ignature of New Re	gistered 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.

Examp X Cha X Rea X Ac	ange move	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jon Sally Sm	<u>ies</u>	
Type of Action (Check One)		<u>Title</u>	Name		<u>Addres</u> s
1)	_ Change				
	Add				<u> </u>
	Remove				
2)	_ Change				
	Add				
	Remove				
3)	Change				
	Add				
_	Remove				
4)	_ Change		_		
	Add				
	Remove				
<i>-</i> .	Q1				
3)	_ 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)
Adding the following additional articles: Upon the dissolution of the organization, assets shall be distributed for one or more
exempt purposes within the meaning of selection 501(c)(3) of the Internal Revenue Code, or corresponding section of any
future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public
purpose. Any such assets not disposed of shall be disposed of by a court of competent jurisdiction in the county in which th
principal office of the organization is then located, exclusively for such purposes or to such organization or organizations, as
said court shall determine, which are organized and operated exclusively for such purposes.
· · · · · · · · · · · · · · · · · · ·

	, ,	N/A	SECRETARY OF STATE
	e date of each amendment(se this document was signed.	adoption:	Olvioles or connectifother than the
	•	N/A	15 DEC 30 PM 4: 03
	·	(no more than 90 days after an	nendment file date)
		s block does not meet the applicable statue e Department of State's records.	ory filing requirements, this date will not be listed as the
Adı	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/we was/were sufficient for app	re adopted by the members and the numberoval.	er of votes cast for the amendment(s)
	There are no members or nadopted by the board of di	nembers entitled to vote on the amendment rectors.	t(s). The amendment(s) was/were
	Dated 12/9/20	15	
	Signature	1	Sit
	have no	chairman or vice chairman of the board, p t been selected, by an incorporator – if in ourt appointed fiduciary by that fiduciary)	
	Shar	nette Rivera	
		(Typed or printed name	e of person signing)
	VP		
		(Title of po	erson signing)

 ${\bf P}_{2}$