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C. BRUMBLEY

COVER LETTER

TO: Amendment Section **Division of Corporations** Child Development Services, Inc. NAME OF CORPORATION: N17000002728 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Maria Zornosa (Name of Contact Person) Child Development Services, Inc. (Firm/ Company) 1232 SW Goodman Avenue (Address) Port St Lucie, FL 34953 (City/ State and Zip Code) mariazornosa@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Maria Zornosa 626-6185 (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 Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy

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

Street Address

(Additional copy is

enclosed)

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status

(Additional Copy is

Certified Copy

Enclosed)

Articles of Amendment to Articles of Incorporation of

Child Development Services, Inc				
Name of Corporation as currently filed with the	e Florida	Dept, of State)		
NI7000002728				
(Docum	nent Numb	per of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statut	es, this <i>Florida Not</i>	For Profit Corporation adopts the	following
A. If amending name, enter the new name of th	e corpora	tion:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		tion" or "incorporal	ted" or the abbreviation "Corp."	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		7		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)	N/A		2021 100
D. If amending the registered agent and/or regi			la, enter the name of the	15 M 9:
new registered agent and/or the new register		address:	· 7.	00
Name of New Registered Agent:	N/A			
New Registered Office Address:			(Florida street address)	
	N/A		Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing leading the hereby accept the appointment as registered agent			pt the obligations of the position.	
-	.s	ignature of New Reg	istered 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 Do V Mike Jo SV Sally Sr	ones					
Type of Action (Check One)	<u>Title</u>	Name	Address				
1) Change Add Remove	<u>D</u> /F	Maria Zornosa	Port St Lucie, FL 34953				
2) Change Add	D/P	Luz M. Camacho	6131 NW Ginger Ln. Port St Lucie, FL 34986				
X Remove	D/VP	Mario Camacho	6131 NW Ginger Ln. Port St Lucie, FL 34986				
4)ChangeAdd	D/VP	Carolina Cadena	1091 E Bayaud Avenue Apt. W 1512				
Remove 5) Change	D/P	Kelli Gonet	Denver, CO 80209 2873 SE Eagle Dr. Port St Lucie, FL 34984				
6) Change Add		· · · · · · · · · · · · · · · · · · ·					
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Article III - Purpose of the Corporation.							
PREVIOUS LANGUAGE							
The purpose for which the	e corporation is or	ganized is to provide early intervention servi	ces to families and children age birth				
to thirty-six months, who	are eligible for Inc	dividuals with Disabilities Education Act (ID	EA) Part C Early Steps services in				
Martin, St Lucie, Indian F	River, and Okeeche	obee counties.					

REPLACEMENT LANGUAGE:
The purpose for which the corporation is organized is to provide early intervention services to families and children age birth
to thirty-six months, who are eligible for Individuals with Disabilities Education Act (IDEA) Part C Early Steps services all
over the state of Florida.
PREVIOUS LANGUAGE:
This corporation will also provide early intervention, services to children age zero to sixty months who do not qualify for
services with IDEA Part C Early Steps services, in Martin, St Lucie, Indian River, and Okeechobee counties.
REPLACEMENT LANGUAGE:
This corporation will also provide early intervention services to children who do not qualify for services with IDEA Part C
Early Steps services all over the state of Florida.
PREVIOUS LANGUAGE:
A long term goal of this corporation would be the development of a community center that provide the opportunity for
children and their caregivers to socialize, learn, and practice skills that would contribute to the children's optimal
development.
REPLACEMENT LANGUAGE:
Delete from the above
NEW ADDITIONAL LANGUAGE:
This corporation will also provide counseling, coaching, and behavioral and mental health services, to individuals of all ages.
N/A
The date of each amendment(s) adoption:, if other that date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

	There are no mem adopted by the bo	bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
	Dated	11/01/2021
	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 other court appointed fiduciary by that fiduciary)
		Kelli Gonet
		(Typed or printed name of person signing)
		Director-President
		(Title of person signing)