N42457

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
	ocument Number)			
(DC	ocument Number)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	KIDCO Child Care, I N:	nc. 			_
DOCUMENT NUMBER: _	N42457				
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.			
Please return all corresponden	ce concerning this matter	to the following:			
Frank Emmert					
		Name of Contact 1	Person)		
KIDCO Child Care, Inc.					
		(Firm/ Compa	ny)		-
761 Okeechobee Road					
		(Address)			
Hialeah, FL 33010					
	(City/ State and Zip	Code)	-	
controller@kidcoedu.org					
E-	mail address: (to be used t	for future annual re	eport notific	cation)	
For further information conce	rning this matter, please c	all:			
Nilsa Velazquez		s	305 at	576-6990	
()	Name of Contact Person)	·	(Area Co	ode) (Daytime Telephor	ne Number)
Enclosed is a check for the fo	lowing amount made pay	able to the Florida	Departmer	nt of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	S43.75 Filing Fe Certified Copy (Additional copy enclosed)	ris (52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is Enclosed)	
Mailing Ac	•	_	treet Addr		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KIDCO Child Care, Inc.

opts the following
The new
Corp." or "Inc."

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osition.

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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N.A	
Add			
Remove			
4) Change	<u></u>	N/A	
Add			<u> </u>
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Ramova			

E. If amending or adding addi (attach additional sheets, if ne	cessary). (Be specific)	egs/ nere.		
N/A				
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<u>. </u>				

The date of each amenda	August 2, 2016 nent(s) adoption:	, if other than the
date this document was sig		
Effective date if applicab	August 15, 2018	
<u>,</u>	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will on the Department of State's records.	not be listed as the
Adoption of Amendment	(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
Dated	ugust 15, 2018	
Signature	Elsther Chishul	
ha	y the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
	Esther Chisholm	
	(Typed or printed name of person signing)	
	Chairperson	
	(Title of person signing)	