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2012 NOV IL PH 3: 51

Amend

NOV 14 2012.

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION:		CARE CENTER, INC
DOCUMENT NUMBER	F0000004074		
The enclosed Articles of A	mendment and fee are su	bmitted for filing.	
Please return all correspond	dence concerning this ma	tter to the following:	
. во	NIFACIO HEF	RRERA	
		Name of Contact Person	1
DE	ECROLY LEAR	NING CHILD CA	ARE CENTER , INC
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
735 NE 12TH AVENUE			
		Address	
Н	DMESTEAD, F	L 33036	
		City/ State and Zip Code	e
DECE	OI YI FARNIN	G@BELLSOUT	H NFT
<u> </u>		sed for future annual report	
For further information cor	cerning this matter, pleas	se call:	
BONIFACIO HE	RRERA	at (305	248-2533
Name of Co	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
□ \$35 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)
Division P.O. Box	ent Section of Corporations	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED
2012 NOV 14 PM 3:51

DECROLY LEARNING CHILD CARE CENTER, INC.

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

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nent(s) to

(Document Number of	of Corporation (if	known)			-
Pursuant to the provisions of section 607.1006, Florie its Articles of Incorporation:	da Statutes, this F	lorida Profit Corpora	tion adopts	the followin	g amendm
A. If amending name, enter the new name of the	corporation:				
NON APPLICABLE		-			The nev
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	p," "Inc," or "C	o". A professional c			_ bbreviation
B. Enter new principal office address, if applicab	if annlicable:	735 N.E. 12	TH AV	ENUE	
(Principal office address MUST BE A STREET ADDRESS)		HOMESTEA	AD, FL	33035	- -
					_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		735 N.E. 12	TH AV	ENUE	_
		HOMESTEA	D, FL	33035	-
D. If amending the registered agent and/or register		ss in Florida, enter th	ne name of	the the	-
new registered agent and/or the new registered					
Name of New Registered Agent SAME	<u> </u>		- 		
·	/FI - : 1	4 J	· 		
	(Florida stree	•			
New Registered Office Address: (Cit		, F	lorida	Zip Code)	•
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		th and accept the obli	gations of ti	he position.	
Signature of !	Vew Registered Ag	ent, if changing	<u></u>		

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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
_X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	VP	BONIFACIO HERRERA	1714 N CURLEW LANE
Add			HOMESTEAD, FL 33035
Remove			
2) Change	<u>P</u> .	ROMY CAPOTE	9860 SANTOS DRIVE
X_{Add}			CUTLER BAY, FL 33189
Remove			
3)Change			
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)
NON APPLICABLE
<u> </u>
· · · · · · · · · · · · · · · · · · ·

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)
SHARE DISTRIBUTION AS FOLLOWS:
BONIFACIO HERRERA: 50% SHARES
ROMY CAPOTE: 50% SHARES
<u> </u>

The date of each amendment(s) adoption: NOVEMBER 5, 2012 NOVEMBER 5, 2012 Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval by ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated_NOVEMBER 5, 2012 (By a director, president or other officer – if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) **BONIFACIO HERRERA** (Typed or printed name of person signing) VICE PRESIDENT (Title of person signing)