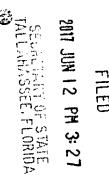
## P0500070772

Office Use Only



500300123685

06/12/17--01006--029 \*\*35.00



C. GOLDEN
JUN 1 6 2017

## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

**Division of Corporations** 

| Division of Corporations                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF CORPORATION: Hagic Kids Learning Center II, IN                                                                              |
| DOCUMENT NUMBER: P 050000 70772                                                                                                     |
| The enclosed Articles of Amendment and fee are submitted for filing.                                                                |
| Please return all correspondence concerning this matter to the following:                                                           |
| Ramon Reyes                                                                                                                         |
| Name of Contact Person  Pamon Peyes P. A  Firm/ Company                                                                             |
| 5035 Palm Ave                                                                                                                       |
| Hialeah, Fl 33012                                                                                                                   |
| City/ State and Zip Code                                                                                                            |
| E-mail address: (to be used for future annual report notification)                                                                  |
| For further information concerning this matter, please call:                                                                        |
| Pamon Deyes at (305) 822 - 0669  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  \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee \\ Certificate of Status |
| (Additional copy is Certified Copy enclosed) (Additional Copy                                                                       |
| is enclosed)                                                                                                                        |
| Mailing Address Street Address                                                                                                      |

Amendment Section

Division of Corporations

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

Articles of Incorporation

My CHED

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

|                                                                                                                                               |                          |                       |                                                       | ne             |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|-------------------------------------------------------|----------------|
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or | orp," "Inc," or "Co".    | A professional cor    | orporated" or the abbrev<br>poration name must contai | iatio<br>in th |
| B. Enter new principal office address, if applica                                                                                             |                          |                       |                                                       |                |
| (Principal office address <u>MUST BE A STREET A</u>                                                                                           | (DDRESS)                 |                       |                                                       |                |
|                                                                                                                                               | _                        |                       |                                                       |                |
|                                                                                                                                               |                          |                       |                                                       |                |
| C. Enter new mailing address, if applicable:                                                                                                  | BAY:                     |                       |                                                       |                |
| (Mailing address <u>MAY BE A POST OFFICE</u>                                                                                                  | <u>BUX</u> )             |                       |                                                       |                |
|                                                                                                                                               |                          |                       |                                                       |                |
|                                                                                                                                               |                          |                       | NAME OF TAXABLE PARTY.                                |                |
| D. If amending the registered agent and/or regi                                                                                               | stered office address in | Florida, enter the    | name of the                                           |                |
| new registered agent and/or the new register                                                                                                  |                          |                       | <del></del>                                           |                |
| Name of New Registered Agent                                                                                                                  |                          |                       |                                                       |                |
|                                                                                                                                               |                          |                       |                                                       |                |
| <del></del>                                                                                                                                   | (Florida street add      | Iress)                |                                                       |                |
| New Registered Office Address:                                                                                                                |                          |                       | , Florida                                             |                |
|                                                                                                                                               | (City)                   |                       | (Zip Code)                                            |                |
|                                                                                                                                               |                          |                       |                                                       |                |
|                                                                                                                                               |                          |                       |                                                       |                |
| New Registered Agent's Signature, if changing I<br>I hereby accept the appointment as registered agen                                         |                          | nd account the chliqu | tions of the position                                 |                |
| i nereby accept the appointment as registered agen                                                                                            | u. Tum jamutar wan ar    | ia accepi ine oonga   | nons of the position.                                 |                |
|                                                                                                                                               |                          |                       |                                                       |                |
|                                                                                                                                               |                          |                       |                                                       |                |
|                                                                                                                                               | ionature of New Registe  | and Amont if oh weri  | na                                                    |                |

## 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.

| Mike Jones, V as Remo         | ove, ana Satty Sm     | uin, SV as an Add. |                                                |
|-------------------------------|-----------------------|--------------------|------------------------------------------------|
| Example: X Change             | <u>PT</u> <u>John</u> | n Doe              |                                                |
| X Remove                      | <u>V</u> <u>Mik</u>   | <u>xe Jones</u>    |                                                |
| _X Add                        | <u>SV</u> <u>Sall</u> | ly Smith           |                                                |
| Type of Action<br>(Check One) | <u>Title</u>          | <u>Name</u>        | Address                                        |
| 1) Change                     | D                     | Yanileidi Guerra   | 9160 NW 122 5t #11<br>Hialeah Gardens, T1 3301 |
| Remove                        |                       |                    |                                                |
| 2) Change                     |                       |                    |                                                |
| Add                           |                       |                    |                                                |
| Remove                        |                       |                    |                                                |
| 3 ) Change                    |                       |                    |                                                |
| Add                           |                       |                    |                                                |
| Remove                        |                       |                    |                                                |
| 4) Change                     |                       |                    |                                                |
| Add                           |                       |                    |                                                |
| Remove                        |                       |                    |                                                |
| 5) Change                     |                       |                    |                                                |
| Add                           |                       |                    |                                                |
| Remove                        |                       |                    |                                                |
| 6) Change                     |                       |                    |                                                |
| Add                           |                       |                    |                                                |
| Remove                        |                       |                    |                                                |

|                                                                                                               | ). (Be specific)                                            |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
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|                                                                                                               |                                                             |
| f an amendment provides for an exc                                                                            | change, reclassification, or cancellation of issued shares, |
| provisions for implementing the am                                                                            | nendment if not contained in the amendment itself:          |
| f an amendment provides for an exc<br>provisions for implementing the am<br>(if not applicable, indicate N/A) | nendment if not contained in the amendment itself:          |
| provisions for implementing the am                                                                            | nendment if not contained in the amendment itself:          |
| provisions for implementing the am                                                                            | nendment if not contained in the amendment itself:          |
| provisions for implementing the am                                                                            | nendment if not contained in the amendment itself:          |
| provisions for implementing the am                                                                            | nendment if not contained in the amendment itself:          |
| provisions for implementing the am                                                                            | nendment if not contained in the amendment itself:          |
| provisions for implementing the am                                                                            | nendment if not contained in the amendment itself:          |
| provisions for implementing the am                                                                            | nendment if not contained in the amendment itself:          |
| provisions for implementing the am                                                                            | nendment if not contained in the amendment itself:          |
| provisions for implementing the am                                                                            | nendment if not contained in the amendment itself:          |
| provisions for implementing the am                                                                            | nendment if not contained in the amendment itself:          |

| The date of each amendment(s) adoption:                                                                                                                                                                    | , if other than the  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 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 document's effective date on the Department of State's records.                        | not be listed as the |
| 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"  (voting group)                                                                                                                                                                                        |                      |
| (voting group)                                                                                                                                                                                             |                      |
| ☐ 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 06/09/17                                                                                                                                                                                             |                      |
| Signature  (By adirector, 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)                                                                                                                                                                     |                      |
| (Typed or printed name of person signing)                                                                                                                                                                  |                      |
| (Typed or printed name of person signing)                                                                                                                                                                  |                      |
| President.                                                                                                                                                                                                 |                      |
| (Title of person signing)                                                                                                                                                                                  | •                    |