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COVER LETTER :

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: COQUI ACADE	MY CO
DOCUMENT NUMBER: P06000118420	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
DIANA ALVARADO	
	Name of Contact Person
COQUI ACADEMY CO	
	Firm/ Company
2401 S PARK AVENUE	
	Address
SANFORD, FL 32771	
· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code
COQUIACADEMYKIDS123@C	GMAIL.COM
E-mail address: (to be	used for future annual report notification)
•	
For further information concerning this matter, ple	ase call:
DIANA ALVARADO	at () 323-9158
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 & Certificate of Status	□S43.75 Filing Fee & Certified Copy Certificate of Status (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

COQUI ACADEMY CO				
(Name o	f Corporation as curre	ntly filed with the Florida	Dept. of State)	
P06000118420				
	(Document Number	of Corporation (if known)	- <u>-</u>	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporati	ion adopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ation "Corp," "Inc," or	"Co". A professional co	corporated" or the ab rporation name must c	- obreviation
B. Enter new principal office address, i	f applicable:	N/A		
(Principal office address MUST BE A ST				
		-	<u></u>	_ <u>.c</u> _
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	のか の名 (2)名 (2)名 (2)名 (3)名	-6 ————————————————————————————————————
				[™] □
			差許)
D 14				
D. If amending the registered agent and new registered agent and/or the new	I/or registered office ad registered office addre	dress in Florida, enter the ss:	name of the	
Name of New Registered Agent	N/A	<u></u>		
Hane of their Registered Agent	N/A	 -		
	7.5	street address)		
	N/A	,,,,,,,,		
New Registered Office Address:		(Citv)	, Florida /Zip C	
		, ,	(inp c	
New Registered Agent's Signature, if ch	anging Registered Ager	n <u>t:</u>		
hereby accept the appointment as registe	red agent. I am familiai	r with and accept the obliga	ttions of the position.	
	Signature of New	Registered Agent, if change	ing	

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: \underline{X} Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	VP	CHRISTIAN CRUZ ALVARADO	309 WILTON CIRCLE
X Add			SANFORD, FL 32773
Remove			
2) Change			
Add			5EC.
Remove			1 B 1
3) Change			89. 6 6
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
S/A	
<u> </u>	
	
	<u> </u>
	
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	SS - 6
	5-1
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	- 19 Pe
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	2: 03 SIAIE CRIDA
<u>'A</u>	χ, ω
	_

	JUNE 1, 2019	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
JU: Effective date <u>if applicable:</u>	NE 1, 2019	
<u>п ирригии</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date wi epartment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were ap must he separately provided for	proved by the shareholders through voting groups. The following statement 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)	19
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	H-6 PM 2
JUNE 1. Dated	Linea alexado	2: 03
(By a consequence)	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	DIANA ALVARADO	
	(Typed or printed name of person signing)	
	PRESIDENT/DIRECTOR	
	(Title of person signing)	