P0700021546

(Re	questor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COPPORA	The Think	ing Child Aca	demy
DOCUMENT NUMBE	D070000318		
The enclosed Articles of	Amendment and fee are sul	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
1	loelia Montan	er	
_		Name of Contact Persor	1
Ŧ	he Thinking C	hild Academy	/
_		Firm/ Company	
1	55 NW 4th St	reet	
		Address	
F	łomestead, Fl	_ 33030	
<u>-</u>		City/ State and Zip Code	
mor	taner@thethir		
	E-mail address: (to be us	ed for future annual report	notification)
For further information of	concerning this matter, pleas	e call:	
Noelia Mont	aner	_{at (} 305	247-3036
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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)
Ameno Divisi P.O. E	ng Address Idment Section on of Corporations lox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

14 777 27 77 12: 54

The Thinking Child Academy

(Name of Corporation as currently filed with the Florida Dept. of State) P07000021546 (Document Number of Corporation (if known)

ent(s) to

N/A			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc,"	or "Co". A profession	
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>		<u>N/A</u>	
C. Enter new mailing address, if applications (Mailing address MAY BE A POST)		N/A	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX) id/or registered office	address in Florida, er	nter the name of the
(Mailing address <u>MAY BE A POST</u>) D. If amending the registered agent an	OFFICE BOX) id/or registered office	address in Florida, er	iter the name of the
D. <u>If amending the registered agent an</u> new registered agent and/or the ne	od/or registered office w registered office ad	address in Florida, er	nter the name of the

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	Noelia Montaner	155 NW 4th Street
Add			Homestead, FL 33030
Remove			
2) Change	vs	David Montaner	155 NW 4th Street
Add			Homestead, FL 33030
Remove			
3) Change	S	Angela Pinaglia	155 NW 4th Street
Add			Homestead, FL 33030
Remove			
4) Change	Т	Ana Hernandez	155 NW 4th Street
Add			Homestead, FL 33030
Remove			
5) Change			
Add			
Remove			•
6) Change			
Add			
Remove			

N/A	mending or adding additional Arti ach additional sheets, if necessary).	(Be specific)
		· · · · · · · · · · · · · · · · · · ·
		
·		
. If a	n amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the ame	endment if not contained in the amendment itself:
	(if not applicable, indicate N/A)	
1/A		
N/A		

The date of each amendment(s) adoption: N/A	, if other than the
date this document was signed.	
Effective date if applicable: N/A	
(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} N/A	
(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 5/20/2014	
Signature	 -
(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)	
Noelia Montaner	
(Typed or printed name of person signing)	
President	
(Title of person signing)	