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TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: My	ngel Dream's day	Captuc		
DOCUMENT NUMBER: P070000	254071	PR-J		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	E E		
Please return all correspondence concerning this m	atter to the following:	PH 1:49 PH 1:49 PE STATE PE, FLORID		
(Name of C	SERVIVEDA ontact Person)			
Small Business	Joan Investment	t Corp		
on on one of the base	Blosson trail S	7 PI 1/100		
- Oplando, \$1 (City/State	32809 and Zip Code)			
For further information concerning this matter, please call:				
(Name of Contact Person)	at (AO+)918499 (Area Code & Daytime Teleph	14 hone Number)		
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times \$\text{Certificate of Status}\$	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
Division or Corporations	Dividion of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

My Angel Treams day Care INC (Name of corporation as currently filed with the Florida Dept. of State)
(Name of corporation as currently filed with the Florida Dept. of State)
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," "Co.," (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "R")
<u>AMENDMENTS ADOPTED-</u> (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)
Apricle VII
Remove AND Delete: PD Figueroa, Brenda 1
181 CONCH : DR KISSIMMEE FL 34759
ND Figueroa 1076 A
KISSIMMEE F1.34759
T HERCADO, RUBEN D JR. 181 CONCH : DR
Musimmee +1 30759
5 Figueroa, Afrid 6 181 Couch DR
KISSIMMEE #1. 34759.
(Attach additional pages if necessary)
If an amendment provides for 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)
w/A

(continued)

Page 2. . My Angel DREAM'S DAY CARE INC.

Amenoments Adopted-

ADD: CARIOS HERCED - FRESIDENT 181 CONCH. DR KISSIMMEE FL 34759

The date of each amendment(s) adoption: 3/18/2009
The date of each amendment(s) adoption: 3/18/2008 Effective date if applicable: 3/18/2008 (no more than 90 days after amendment file date)
(10 11010 11111 70 1119)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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)
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. 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 the appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
Tresisent (Title of person signing)

FILING FEE: \$35