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**EXAMINER** 

**ECFS** 

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CORAL GABLES, FL 33134 PH: (305)444-4994 FAX: (305)444-4977

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Examiner's Initials

CORPORATION NAME(S) &	<b>DOCUMENT</b>	NUMBER(S) (if known):
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GENIUS C	DAY SCHOOL, INC. PO7000113
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(Corporation Name	(Document #)
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(Corporation Name	(Document #)
Walk in Pick	up time Certified Copy
Mail out Will v	wait Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	X. Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Метдет
	· ·
OTHER FILINGS	REGISTRATION/
Annual Report	QUALIFICATION
Fictitious Name	Foreign
Name Reservation	Limited Partnership
	Reinstatement
	Trademark

Other

## **Articles of Amendment** to **Articles of Incorporation** of

## GENIUS DAY SCHOOL, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

	P07000113070	
(Document Nu	mber of Corporation (if kno	own)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this F	Clorida Profit Corporation adopts the follo
A. If amending name, enter the new name of	of the corporation:	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Ĉorp," "Ind	c," or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		·
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	<u>CE BOX</u> )	
D. If amending the registered agent and/or new registered agent and/or the new registered.		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changi		,
I hereby accept the appointment as registered a	ngent. I am familiar with a	nd accept the obligations of the position.
<u>.</u>	Signature of New Registered	d Agent, if changing

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
P/D	MARIA ECHEMENDIA	5859 B SW 16TH STREET WEST MIAMI FL 33155	☑ Add ☐ Remove
V/P	JANIN GUERRA	5859 B SW 16TH STREET WEST MIAMI FL 33155	☑ Add ☐ Remove
<u>P</u> _	CARLOS GUERRA	5859 B SW 16TH STREET WEST MIAMI FL 33155	☐ Add ☑ Remove
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) THE BOARD OF DIRECTORS/OFFICERS WILL BE:  MARIA ECHEMENDIA (P/D)  JANIN GUERRA (V/D)  CARLOS GUERRA (V/D)  MILAGROS SUAREZ (S/T)			
provisions (if not a			
MILAGROS	SUAREZ 19%		

The date of each amendment(s	) adoption: 07-27-09	
	(date of adoption is required)	
Effective date if applicable:  (no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	277	
(1	poting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated_07-27-	09	
Signature 🔕	fff ( ···	
(By a	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
арроп	ned fiductary by that fiductary)	
	CARLOS GUERRA	
	(Typed or printed name of person signing)	
	P/D	
-	(Title of person signing)	