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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Little MAK	nds Early Child	nood Program Inc
DOCUMENT NUMBER:	010244	<u> </u>
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Bridget	MWAY e of Contact Person	<u> </u>
_ NOT POOLLE	DIM SCYVICE :	Inc
1329 US HL	OU II N	
WAUCHULQ # City/	State and Zip Code	· · · · · · · · · · · · · · · · · · ·
E-mail address: (to be used to	@ Strato. Net	
For further information concerning this matter, ple  Name of Contact Person	ase call:at (	3754 elephone Number
Enclosed is a check for the following amount made	e payable to the Florida Depa	rtment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	·le

Tallahassee, FL 32301

#### **Articles of Amendment**

to

### **Articles of Incorporation**

of

<u>UHLE HANDS EAV</u> (Name of Corporation as curre	ly Childhor	od Prajan In	iC
(Name of Corporation as curre		a Dept. of State)	
<u> </u>	0010299		
(Document Num	ber of Corporation (if kno	ewn)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this Fi	lorida Profit Corporation adopts	the following
A. If amending name, enter the new name of	the corporation:		
	·	Tl	ie new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the mame must contain the word "chartered," "prof	designation "Corp," "Inc	"company," or "incorporated" c," or "Co". A professional corpo	or the
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u> )		T SER C	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		SEERFLORION	# 9. NO
D. If amending the registered agent and/or renew registered agent and/or the new regis		n Florida, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	address)	
		, Florida	
-	(City)	(Zip Code)	
New Registered Agent's Signature, if changing the hereby accept the appointment as registered as		and accept the obligations of the po	sition.
Si	ignature of New Registered	d Agent, if changing	

## If almending 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)

Title	Isabel Garcia	Address 1209 Louisianna Wauchula, Fl. 33	Type of Action  Add  Remove
<u>_P</u>	Ahel Vargas	4935 Sally B Builing Green F	Add Remove
<del></del>			
E. <u>If amer</u> (attach	nding or adding additional Articles, ente additional sheets, if necessary). (Be spe	er change(s) here: cific)	
<u>provis</u>	mendment provides for an exchange, reions for implementing the amendment in not applicable, indicate N/A)	eclassification, or cancellation of not contained in the amendme	f issued shares, ent itself:

The date of each amendment(s	) adoption: 21\20\
Effective date <u>if applicable</u> :	2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
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	
(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	15/11
selecte	director, president of other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
-	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
_	President
	(Title of person signing)