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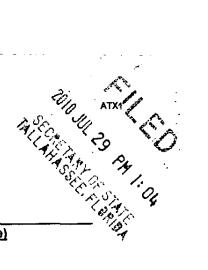
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ABUELO'S DAY	CARE INC.
DOCUMENT NUMBER: P0000009705	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and	d fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
JOSE R. PICAYO	
	of Contact Person
ABUELO'S DAY CARE INC.	
	irm/ Company
15435 SW 137 AVE	
	Address
MIAMI, FL 33177 City/ S	itate and Zip Code
RPICA 99 @ YI E-mail address: (to be use	AHOO. COM ed for future annual report notification)
For further information concerning this matt	er, please call:
JOSE R. PICAYO Name of Contact Person	at -305-909-5626 Area Code & Daytime Telephone Number
	nt made payable to the Florida Department of State:
X \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Certified Copy 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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



P0000009705 (Document Nu	imber of Corporation (if known)	
\Dodanish iva	inibor of corporation (in terrority)	
rsuant to the provisions of section 607.1006, Fk	orida Statutes, this <i>Florida Profit C</i> o	orporation adopts the
owing amendment(s) to its Articles of Incorpora	ition:	
If amending name, enter the new name of the	e corporation:	
e Solution		The new
me must be distinguishable and contain the wor	rd "corporation." "company." or "inco	
breviation "Corp.," "Inc.," or "Co.," or the design		
me must contain the word "chartered," "professi		
	•	
Enter new principal office address, if applic		
rincipal office address <u>MUST BE A STREET A</u>	ADDRESS)	
•		
		
<u> </u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE E		
- · ·		
If amending the registered agent and/or reg	gistered office address in Florida,	enter the name of the
new registered agent and/or the new registe		
Name of New Registered Agent:		 .
New Registered Office Address:	(Florida street address)	
	•	Florida
	(City)	, Florida <i>(Zip Code)</i>
	(Cny)	(Zip Coue)
	Deviate and Amount	
w Registered Agent's Signature, if changing		hlimati of the maeitie
ereby accept the appointment as registered age	ик, тат татннаг with and ассерт the	obilgations of the position
` <u> </u>	eture of New Registered Agent, if cl	· · · · · · · · · · · · · · · · · · ·
A.		

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>	Name	<u>Address</u>	Type of Action
<u>P</u>	MARIA Y. GONZALEZ	15435 SW 137 AVE	
	• •	MIAMI: FL. 33177	Remove
p	LEANDRO GONZALEZ	9200 SW-117 TER	☐ Add
	EN 1140110 COTTO	MIAMI FL 33176	X Remove
•			
· 	<u> </u>	<u> </u>	Add
•			Remove
E. If amending	or adding additional Articles, enter cha	nge(s) here:	•
:(attach addi	itional sheets, if necessary). (Be specific)	• • •	
-		·	
	· · · · · · · · · · · · · · · · · · ·		
			
,			
	Iment provides for an exchange, reclass		
	for implementing the amendment if not c licable, indicate N/A)	contained in the amendment itsel	<u>r:</u>
- (ii not app	ilicable, ilicicate (V/A)		
		ř ·	
,			

, ABUELO'S DAY CARE INC. The date of each amendment(s) ad	option:	7/26/2010	27-1819468 ATX1
		option is required)	
Effective date if applicable:	·	i i	
	nore than 90 days after ame	endment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were action by the shareholders was/were s		The number of votes cas	t for the amendment(s)
The amendment(s) was/were ap must be separately provided for			
"The number of votes cast	for the amendment(s) was	/were sufficient for approv	al
by	. ·	. "	
	voting group)	· · · · · · · · · · · · · · · · · · ·	
The amendment(s) was/were ac action was not required.	lopted by the incorporators	without shareholder action	n and shareholder
	•	N .	
. Dated	7/26/2810		
		, .	
Signature	<u> </u>		
selecte	irector, president or other officed, by an incorporator – if in the led fiduciary by that fiduciary)		
	•		
<u>LE</u>	NDRO GONZALEZ	name of parson signing)	
	(Typed of printed t	name of person signing)	
PR	ESIDENT		
	(Title of person signing	1)	