P1000027998

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: AIM 4 SUC	CCESS EDUCATIONAL SE	RVICES, INC.
DOCUMENT NUMBE	ER:	P10000027998	
The enclosed Articles of	f Amendment and fee a	re submitted for filing.	
Please return all corresp	ondence concerning thi	s matter to the following:	
		Antonio R Lopez	
	N	ame of Contact Person	
		same	
		Firm/ Company	
	782 NW	Le Jeune Rd, Suite 436	
		Address	,
·		Miami, FL 33126	
•	С	ity/ State and Zip Code	
	taxman1 E-mail address: (to be use	120@bellsouth.net d for future annual report notification)	
For further information	concerning this matter,	please call:	
Anton	io R Lopez	at (3-3323
Name of Co	ntact Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	the following amount n	nade payable to the Florida Departn	nent 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 Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

for the form the

P10000027998 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name	e of the corporation:	m
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or to name must contain the word "chartered," "p	the designation "Corp," "Inc," o	r "Co". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)		
D. If amending the registered agent and/o	r registered office address in Fl	orida, enter the name of the
new registered agent and/or the new re	egistered office address:	
Name of New Registered Agent:	Antonio R Lopez	
	782 NW Le Jeune Rd, St	uite 436
New Registered Office Address:	(Florida street addre	
	Miami	, Florida 33126
	(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registere	nging Registered Agent: d agent. I am familiar with and a floor Signature of New Registered Ag	

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)

Tit	<u>e</u>	<u>Name</u>	Address	Type of Action
	D	Claudia M Estrada	5040 SW 150th Terrace Miramar, FL 33027	☐ Add ☑ Remove
	D	Antonio R Lopez	782 NW Le Jeune Rd, Suite 436 Miami, FL 33126	☑ Add □ Remove
				☐ Add
	provisions	dment provides for an exchange, reclassifor implementing the amendment if no applicable, indicate N/A)		
-				
<u> </u>				

The date of each amendment	
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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	,"
- J	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder action the shareholder action and shareholder action and shareholder
action was not required.	
Dated_02/2	2/11
Signature	a director, president of other officer – if directors or officers have not been
sele	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Antonio R Lopez
	(Typed or printed name of person signing)
	Director
	(Title of person signing)