## P100000041444

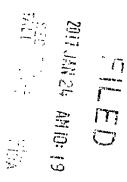
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## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

**Division of Corporations** 

Division of Corporations
NAME OF CORPORATION INTRACOOSTAL KIDS ACADEMY, INCOMENT NUMBER: P1000041444
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daisy Garcia Name of Contact Person 2017 NF 1103 Street
Firm/ Company
N. Miami Beach Fl 33160  City/ State and Zip Code
intracoastalkids 55 ayahoo. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daisy Garda at 305, 940 5155  Name of Contact Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

Articles of In	ncorporation 	
Intracoastal kidis	s Academy . 7	mC.
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
<u>P1000004144</u>	14	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corporation:		
NIA		
name must be distinguishable and contain the word "corporati	ion " "company " or "incorporated" or th	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or	"Co". A professional corporation name m	ust contain the
word "chartered," "professional association," or the abbreviation	"P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
G. F		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA =	SE 20
		72 1
D. If amending the registered agent and/or registered office add	drass in Florida, antar the name of the	<u>=</u>
new registered agent and/or the new registered office address		<b>3</b> 0
Name of New Registered Agent	11A- 🖹	-
Hame of New Registered Agent		&
(Florida s	treet address)	
(Florida Si	reer addressy	
New Registered Office Address:	(City), Florida	Zin Codol
	(Z	Zip Code)
New Registered Agent's Signature, if changing Registered Agen	ıt:	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position	on.
Signature of New	Registered Agent, if changing	
Signature of them.		

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustec; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John Doe
X Remove	<u>V</u> <u>Mike Jones</u>
X Add	<u>SV</u> <u>Sally Smith</u>
Type of Action (Check One)	Title Name Address
1) Change	VP carmen Goslant 2304 Botanica Circle V
Add Remove	<u>Melhourae F1</u> 32904
2) X Change	S <u>Barbara Garcia</u> 5345 SW 40 Ave.
Add	Ft. Lauderdale, Ft
Remove	333 4
3) Change	
Add	
Remove	
4) Change	
Add	
Remove	
5) Change	
Add	·
Remove	
6) Change	
Add	<del></del>
Remove	

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	rovides for an exc elementing the arr	change, reclassifiend	fication, or cancella contained in the am	tion of issued sna lendment itself:	res,	
rovisions for imp						
provisions for imp (if not applicate	ble, indicate N/A)					
provisions for imp	ble, indicate N/A)	NA				
provisions for imp	ble, indicate N/A)	N/A				
provisions for imp	ble, indicate N/A)	N/A				
provisions for imp	ble, indicate N/A)	N/A				
provisions for imp	ble, indicate N/A)	N/A				<del></del>
provisions for imp	ble, indicate N/A)	N/A				
provisions for imp	ble, indicate N/A)	N/A				
provisions for imp	ble, indicate N/A)	N/A				
provisions for imp	ble, indicate N/A)	N/ <del>*</del>				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.  Effective date if applicable:	
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The foliamust be separately provided for each voting group entitled to vote separately on the amen	
"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 action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and saction was not required.  Dated  Signature  (By a director, presiden or other officer – if directors or officers is selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	hareholder
Mich Garain	
MISY CIUI CIC	· · · · · · · · · · · · · · · · · · ·
(Typed or printed name of person signing)	1
Owner/Preside	ent
(Title of person signing)	