| (Re                     | equestor's Name)    |                                       |
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| PICK-UP                 | ☐ WAIT              | MAIL                                  |
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| Certified Copies        | Certificates        | of Status                             |
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| Special Instructions to | Filing Officer:     |                                       |
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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                 | RATION: Cre-tive Le  | earning, Inc.  |  |
|-------------------------------|--|--|--|
| DOCUMENT NUMBER: P12000014932 |  |  |  |
| The enclosed Articles         | of Amendment and fee are su  | bmitted for filing.  |  |
| Please return all corre       | spondence concerning this ma   | tter to the following:   |  |
|                               | Aurora M. Gomes  | Z  |  |
|                               |  | Name of Contact Perso  | n  |
|                               | Cre-tive Learning  | ı, Inc.  |  |
|                               | <del>_</del>   | Firm/ Company  |  |
|                               | 692 W. 29 Street   | , Suite 4  |  |
|                               |  | Address  |  |
|                               | Hialeah, FL 3301   | 2  |  |
| •                             |  | City/ State and Zip Cod  | e  |
| lidr                          | mfin@hotmail.cor   | n  |  |
|                               | _  | sed for future annual report                                       | notification)  |
| For firsther information      | n concerning this matter, pleas  | o calle  |  |
| Por furtier information       | a concerning this matter, preas  | e can.   |  |
| Aurora M. Go                  | omez   | at (305  | , 450-9201   |
| Name o                        | of Contact Person  |  | de & Daytime Telephone Number  |
| Enclosed is a check fo        | r the following amount made  | payable to the Florida Depa  | artment 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)   |
| Ame<br>Divi<br>P.O.           | ling Address Indment Section Ission of Corporations Box 6327 Islanssee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301 |

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

SECRÉTARY OF STATE
TALLAHASSEE. FLORIDA

12 JUL 23 PM 4: 25

| Cre-tive Learning, Inc.  |                              |   |                 |
|--|------------------------------|---|-----------------|
|  | s currently filed with the l | Florida Dept. of State)   |                 |
| P12000014932   |                              |   |                 |
| (Documer   | nt Number of Corporation (   | if known)   |                 |
| Pursuant to the provisions of section 607. its Articles of Incorporation:  | 1006, Florida Statutes, this | Florida Profit Corporation adopts the following   | amendment(s) to |
| A. If amending name, enter the new na  | me of the corporation:       |   |                 |
| Cre-8-tive Learning, Inc.  |                              | 7   | The new         |
| name must be distinguishable and con<br>"Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associa | ation "Corp," "Inc," or '    | on," "company," or "incorporated" or the abb<br>"Co". A professional corporation name must co | reviation       |
| B. Enter new principal office address,<br>(Principal office address <u>MUST BE A S</u>                                     |                              | N/A   |                 |
|  |                              |   |                 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                    |                              | N/A   |                 |
| D. <u>If amending the registered agent an</u>  | d/or registered office add   | ress in Florida, enter the name of the  |                 |
| new registered agent and/or the new  |                              |   |                 |
| Name of New Registered Agent   | N/A                          |   |                 |
|  | (Florida str                 | reet address)   |                 |
| New Registered Office Address:   |                              | , Florida   |                 |
|  | (City)                       | (Zip Code)  |                 |
| New Registered Agent's Signature, if ch<br>I hereby accept the appointment as registe                                      |                              | <u>:</u><br>with and accept the obligations of the position.                                  |                 |
|  |                              |   |                 |
| Sig  | nature of New Registered A   | 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)

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 = Trustee; 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.

| Example: X Change             | PT            | John Doc    |         |
|-------------------------------|---------------|-------------|---------|
| X Remove                      | <u>v</u>      | Mike Jones  |         |
| _X Add                        | <u>sv</u>     | Sally Smith |         |
| Type of Action<br>(Check One) | Title         | <u>Name</u> | Address |
| 1) Change Add Remove          | <del></del> - | <u> </u>    |         |
| 2) Change Add Remove          |               |             |         |
| 3 ) Change Add Remove         |               |             |         |
| 4) Change Add Remove          |               |             |         |
| 5) Change<br>Add<br>Remove    |               |             |         |
| 6) Change Add Remove          |               | <u> </u>    |         |

| /A               |   |             |
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| provisions for i | provides for an exchange, reclassification, or cancellation of issued applementing the amendment if not contained in the amendment itself able, indicate N/A) | hares.      |
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| provisions for i | <u>aplementing the amendment if not contained in the amendment itself</u>   | hares,      |
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| provisions for i | <u>aplementing the amendment if not contained in the amendment itself</u>   | hares.      |
| provisions for i | <u>aplementing the amendment if not contained in the amendment itself</u>   | hares       |

| The date of each amendment(s) ad                                | loption: February 16, 2012   |
|---|--|
| Effective date if applicable: Fe                                | bruary 16, 2012  |
| Ellective date il applicable.                                   | (no more than 90 days after amendment file date)   |
|   |  |
| Adoption of Amendment(s)  | (CHECK ONE)  |
| The amendment(s) was/were ado by the shareholders was/were suit | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.   |
|   | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):                |
| "The number of votes cast f                                     | for the amendment(s) was/were sufficient for approval  |
| by  | (voting group)   |
|   | (voting group)   |
| ☐ The amendment(s) was/were adopaction was not required.        | pted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/were adoption was not required.            | pted by the incorporators without shareholder action and shareholder   |
| <sub>Dated</sub> Februa   | ry 16, 2012  |
| Signature   |  |
| (By a di  | rector, president or other officer – if directors or officers have not been<br>, by an incorporator if in the hands of a receiver, trustee, or other court |
| appointe  | ed fidaciary by that fiduciary)  |
|   | Aurora M. Gomez  |
| -   | (Typed or printed name of person signing)  |
|   | President  |
| <del>-</del>  | (Title of person signing)  |

# Electronic Articles of Incorporation For

P12000014932 FILED February 13, 2012 Sec. Of State tourch

CRE-TIVE LEARING, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

# Article I

The name of the corporation is: CRE-TIVE LEARING, INC.

## **Article II**

The principal place of business address:

692 W 29 STREET 4 HIALEAH, FL. US 33012

The mailing address of the corporation is:

692 W 29 STREET 4 HIALEAH, FL. US 33012

#### Article III

The purpose for which this corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

#### **Article IV**

The number of shares the corporation is authorized to issue is: 100

#### Article V

The name and Florida street address of the registered agent is:

AURORA M GOMEZ 692 W 29 STREET 4 HIALEAH, FL. 33012

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: AURORA M. GOMEZ

# **Article VI**

The name and address of the incorporator is:

AURORA M. GOMEZ 692 W 29 STREET 4 HIALEAH, FL 33012 P12000014932 FILED February 13, 2012 Sec. Of State tourch

Electronic Signature of Incorporator: AURORA M. GOMEZ

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

#### **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P AURORA M GOMEZ 692 W 29 STREET, SUITE 4 HIALEAH, FL. 33012 US

#### Article VIII

The effective date for this corporation shall be:

02/13/2012

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#### **Detail by Document Number**

#### Florida Profit Corporation

CRE-TIVE LEARING, INC.

#### Filing Information

Document Number P12000014932

FEI/EIN Number NONE

Date Filed

02/13/2012 FL

State Status

ACTIVE

Effective Date

02/13/2012

#### **Principal Address**

692 W 29 STREET

HIALEAH FL 33012 US

#### Mailing Address

692 W 29 STREET

HIALEAH FL 33012 US

### Registered Agent Name & Address

GOMEZ, AURORA M

692 W 29 STREET

HIALEAH FL 33012 US

#### Officer/Director Detail

#### Name & Address

Title P

GOMEZ, AURORA M 692 W 29 STREET, SUITE 4 HIALEAH FL 33012 US

#### **Annual Reports**

#### No Annual Reports Filed

# **Document Images**

02/13/2012 - Domestic Profit

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