## P146000 | 91 80

Office Use Only



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S TALLENT FEB 2 0 2017

Amend



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Mandarin Reading	Clinic Inc			
DOCUMENT NUMB	ER: P14000019180				
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
I	David Steinfeld				
<del>-</del>	Name of Contact Person				
I	Brother and Sister Accountin	g LLC			
_		Firm/ Company	·		
2	1720 Salisbury Rd Suite 229				
<del>-</del>	Address				
J	facksonville, Florida 32256				
-		City/ State and Zip Code	e		
brothe	randsisteraccounting@gmail	.com	,		
		sed for future annual report	notification)		
For further information	concerning this matter, please	se call:			
David Steinfeld		at ( <u>904</u>	493-6481		
Name of	f Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 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 Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Mandarin Reading Clinic Inc.

(Name of Corporation as currently fil	ed with the Florida Dept. of State)	
P14000019180		
(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the follow	ving amendmen
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co' word "chartered," "professional association," or the abbreviation "P,A	. A professional corporation name mu	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
<del>-</del>		17
Enter new mailing address, if applicable:	I Al	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		- 60 M
		. 選 つ 
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	: 27
Name of New Registered Agent		
		<u></u>
(Florida street a	ddress)	
New Registered Office Address: (Cir	, Florida	ip Code)
(	,	,,
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position	<i>1</i> .
<del>-</del>		
Signature of New Regis	tered Agent, if changing	<del></del>

## 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	<u>PT</u>	John Doe		
X Remove	$\underline{\mathbf{v}}$	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	Sarah French	5394 Skylark Mannor Dr	
x Add			Jacksonville, Florida	
Remove			32257	
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			<u></u>	
Add				
Remove			<del>-</del>	
6) Change				
Add				
Remove				

•	(Be specific)	
•		
<del></del>		
	<del></del>	
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
-		<del>-</del>
		_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
02/14/2017 Effective date if applicable:	
(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopted by the shareholders. The number of votes case by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups.  must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	oval
by	.**
(voting group)	<del>_</del>
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	on and shareholder
02/14/2017	
Signature  (By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
Lynda Gridley	
(Typed or printed name of person signi	ng)
President	
(Title of person signing)	