## P16000007694

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OIVISION OF CORPORATIONS

JUN 27 2016

**C LEWIS** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Adventures In Lea	arning Unlimited Inc	
DOCUMENT NUMI	BER: P16000007694		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Tarran Roopnarine		
	<del></del>	Name of Contact Person	n
	Adventures In Learning Unli	imited Inc	
		Firm/ Company	
	408 Division Avenue		
		Address	
	Ormond Beach, FL 32174		
		City/ State and Zip Cod	e
ailtut	orsinc@gmail.com		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas		272-1861
Name o	of Contact Person	at (	de & Daytime Telephone Number
	r the following amount made		
\$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 Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2016 JUN 21 PM 12: 51

Adventures in Learning Unlimited inc		
( <u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)
P16000007694		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:	
	nation "Corp," "Inc," or	The new on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
R Enter new principal office address	if applicables	230 Perching Post Cove
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)		Sanford, FL 32773
		United States
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		408 Division Avenue
		Ormond Beach, FL 32174
		United States
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	Tarran Roopnarine	
	230 Perching Post Cove	
		treet address)
Now Projectaved Office Address	Sanford	Florida 32773
New Registered Office Address:		(City) , Florida (Zip Code)
		·
New Registered Agent's Signature, if c	hanging Registered Agen ered agent. I am familiar	t: with and accept the obligations of the position.
	/ D	Pegistered Agent, if changing
	1 Jarran / Ko	De La Caracteria de la
	Signature of New	Registered 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	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) X Change	PD	Tarran Roopnarine	230 Perching Post Cove
Add			Sanford, FL 32773
Remove			United States
2) Change	P	Paula J. Lanham, MS	42 Walden Trails
Add			The Trails, Ormond Beach, FL 32
X Remove			United States
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

If amending or adding additional (Attach additional sheets, if necessar	ry). (Be specific)
If an amendment provides for an eprovisions for implementing the a (if not applicable, indicate N/A) ame:	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:  ()  Revised/Corrected Shareholders' Percentage:
ula J. Lanham, MS	0% (cancellation of issued shares)
ula J. Lanham, MS	0% (cancellation of issued shares) 50% (revised/corrected)
	50% (revised/corrected)
rran Roopnarine	
rran Roopnarine	50% (revised/corrected)
rran Roopnarine	50% (revised/corrected)

	adoption:	<u>the Lif</u> other than the
date this document was signed.		SECRETARY OF STATE HVISION OF CORPORATION
Effective date <u>if applicable</u> :	(no more than 00 days - Gay and	nendment file date) 2016 JUN 21 PM 12: 51
	(no more than 90 days after an	nenament file date) ==== 5500 E. TillE. 51
<b>Note:</b> If the date inserted in the document's effective date on the	s block does not meet the applicable statutory Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of vot sufficient for approval.	es cast for the amendment(s)
	approved by the shareholders through voting gro for each voting group entitled to vote separately	
"The number of votes ca	ast for the amendment(s) was/were sufficient for	approval
by		"
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareh	older action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholde	r action and shareholder
Dated	06/06/2016	
Signature	Jaman Rognarae	, ·
selec	a director, president or other officer – if director sted, by an incorporator – if in the hands of a rec inted fiduciary by that fiduciary)	s or officers have not been
	Tarran Roopnarine	
	(Typed or printed name of person	signing)
	Officer/Director	
	(Title of person signir	ng)