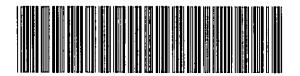
P16000067309

(Re	equestor's Name)	
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
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(20	Carlos Eracy Ivan	,
(Do	cument Number)	
Certified Copies	_ Certificates	s 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 COR	PORATION:	CARE & LEARNING COI	RP
DOCUMENT NU	MBER: P16000067309		
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	VALERIE PULLES		
	_	Name of Contact Person	1
		Firm/ Company	
	18600 NW 87 AVE SUITE 1	11	
	_	Address	
	HIALEAH, FL 33015		
		City/ State and Zip Code	•
	TUTORMEDAYCARE@GM	MAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further inform	ation concerning this matter, pleas	se call:	
VALERIE PULLI	ES	at (_) 843-2899
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	© \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
) 	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	poration as currently filed with the l	Florida Dept. of State)	
P16000067309			
((Document Number of Corporation (if I	known)	,
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	Florida Statutes, this Florida Profit Co	orporation adopts the following amer	ndment(s) i
A. If amending name, enter the new name of	f the corporation:		
		The	nesc
name must be distinguishable and contain the wa 'Inc.," or Co.," or the designation "Corp," 'chartered," "professional association," or the B. Enter new principal office address, if app (Principal office address MUST BE A STREE)	' "Inc," or "Co". A professional co e abbreviation "P.A." plicable:	corporated" or the abbreviation "Co prporation name must contain the	$rp_{\cdot,\cdot}$ "
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		E.FLORIES	
If amending the registered agent and/or registered agent and/or the new registered.		enter the name of the	
Name of New Registered Agent			
···	(Florida street address)		

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)

____ Add

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 Doe \underline{X} Remove <u>V</u> Mike Jones SV X Add Sally Smith Type of Action Title Address Name | (Check One) VALERIE PULLES 18600 NW 87 AVE SUITE 111 1) $\frac{X}{}$ Change HIALEAH, FL 33015 ____ Add ____ Remove HENRY HERNANDEZ 2434 W 60 ST 2) ____ Change HIALEAH, FL 33016 Add __ Remove 3) ____ Change ___ Add ____ Remove 4) ____ Change ___ Add __ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)		
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f an amendment provides for an exc	hange, reclassification, or can	cellation of issued shares,	
provisions for implementing the am	endment if not contained in th	e amendment itself:	
(if not applicable, indicate N/A)			

	adoption:	, if ot	her than
date this document was signed.			
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be	listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder actio	n and shareho	lder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)	
must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):		
by	ast for the amendment(s) was/were sufficient for approval	2022 JUN	TI
, <u> </u>	(voting group)		
Dated	0/3/22	AM 8: 5	ED
Signature		Seric	
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)		
	VALERIE PULLES		
	(Typed or printed name of person signing)		_
	PRESIDENT		
	(Title of person signing)		

the

the