## P160000 69786

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: EINSTEINS LEAI	RNING CENTER 1 INC.		
DOCUMENT NUMBI	P16000060786			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
(	CESAR J MARQUINEZ			
_		Name of Contact Persor	1	
	•	Clson M.		
	Firm/ Company			
	543 E 9 ST			
_	Address			
	HIALEAH ,FLORIDA,33010			
-		City/ State and Zip Code	2	
	EINST	EINSLEARNING1@YAH	IOO.COM	
		sed for future annual report		
For further information	concerning this matter, please	se call:		
CESAR MARQUINEZ		at ( 305	de & Daytime Telephone Number	
Name of 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:	
\$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)	
Amer Divis P.O. 1	ing Address  Indicate the section of Corporations  Box 6327  Thanksee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

CINSTEINS LEARNING	Certer 7 14C.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P160000697	786.	
(Document Number of C		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the follow	ing amendment(s)
A. If amending name, enter the new name of the corporation:		
$V/\mathbb{A}$		The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name mus	abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SEP 19
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	FO STATE
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent	ss in Florida, enter the name of the	
(Florida stree	t address)	_
New Registered Office Address:	)/A Florida /	)/ A ip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with signature of New Res	th and accept the obligations of the position	

## 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	Y	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	PT	MARQUINEZ,CESAR C ,S.R	
Add X Remove			
2) Change	PT	MARQUINEZ ,CESAR J	
X Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add .			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets. if necessary). (Be specific)
I MADE A MISTAKE WHEN I FILLED OUT THE ARTICLES OF CORPORATION I ENTER AS A PRESIDENT
MARQUINEZ,CESAR C,SR.BUT THATS INCORRECT.MY CORRECT NAME THAT MATCH MY DRIVER LICEN
IS CESAR J MARQUINEZ AND NOT SR THANKS IF YOU NEED ANY OTHER DOCUMENT PLEASE LET ME K
THANKS.
<u> </u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
U/A.

The control of the co

The date of each amendment(s) adoption	08/16/2016	, if other than the
date this document was signed.  08/16/2016  Effective date if applicable:		
Elective date it applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Department	oes not meet the applicable statutory filing requirements, this nt of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment for approval.	it(s)
	by the shareholders through voting groups. The following states of the group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and sharehol	lder
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
09/14/2016 Dated		
Signature <u>CÉSO</u>	in M.	
(By a director,	president or other officer - if directors or officers have not bee	
selected, by an appointed fidu	n incorporator – if in the hands of a receiver, trustee, or other conciary by that fiduciary)	ourt
+	R J MARQUINEZ	
<u></u>	(Typed or printed name of person signing)	<del></del>
PRESI	IDENT,OWNER,INCORPORATOR	
	(Title of person cigning)	

The state of the s