P1600088318

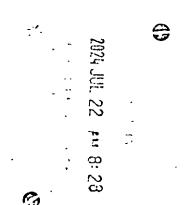
(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LITTLE ANGELS	S ACADEMY INC		
	1BER: P16000088318			
	s of Amendment and fee are so			
Please return all corr	espondence concerning this ma	itter to the following:		
	DAYLI ACEVEDO			
	Name of Contact Person			
	LITTLE ANGELS ACADEMY INC			
	2660 SW 111 CT	Firm/ Company		
		Address		
	MIAMI FL 33165			
		City/ State and Zip Cod	e	
	murofamily.miami@yahoo.c	om		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea		1	
Name	of Contact Person	Area Co) de & Daytime Telephone Number	
Inclosed is a check t	or the following amount made			
S35 Filing Fee	☐S43.75 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
1 (1	reserves to the first of the of the first of		assee, FL 32303	

Articles of Amendment to Articles of Incorporation of

LITTLE ANGELS ACADEMY INC

(Name o	of Corporation as currently	filed with the Florida D	ept. of State)	
P16000088318				
	(Document Number of	Corporation (if known)		-
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, this J	Torida Profit Corporation	$m{n}$ adopts the following	; amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			TI
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "Chartered," "professional association,"	Corp," "Inc," or "Co". A			
R - Enter new principal affice address	if annlicable:	2660 SW 111 CT		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		MIAMI FL 33165		
			- ⁷ 6:	0
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		2660 SW 111 CT	3 •	9074 JU
		MIAMI FL 33165	÷ ;	22
				7
D. If amending the registered agent an new registered agent and/or the new	w registered office address:	ess in Florida, enter the	manager of the	8: 28
Name of New Registered Agent	DAYLI ACEVEDO			
	2660 SW 111 CT			
	(Florida stre	et address)		
New Registered Office Address:	MIAMI		, Florida	
	(City)	(Zip C	ode)
New Registered Agent's Signature, if c	hanging Registered Agent:	1		
I hereby accept the appointment as regist	tered agent. I am familiar w	i y i and accept the obligat K	tions of the position.	
		' <u>!</u>		
	<i>(l'</i>)			
	Signature of New Ke	gistered Agent, if changin	ng	
Check if applicable				
The amendment(s) is/are being filed p	ursuant to $s.607.0120(11)(0)$	2), F.S.		

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.

X.Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	ODET RODRIGUEZ VARGAS	3231 SW 107 AVE
Add			MIAMI FL 33165
X Remove	PD	DAYLI ACEVEDO	2660 SW 111 CT
2) Change Add			MIAMI FL 33165
Remove 3) Change			
Add			
Remove 4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change			-
Add			
Remove			

(Attach	nding or adding additional Artical additional sheets, if necessary).	(Be specific)	of acts.		
·					
					
					
				<u> </u>	
			-		
provi	mendment provides for an exch sions for implementing the ame if not applicable, indicate N/A)	ange, reclassificati ndment if not cont:	on, or cancellation of ained in the amendme	issued shares, ent itself:	
			. —		
					

, .

. .

Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
	(no may c man 20 sky) sgict sanctiment yik tunto
Note: If the date inserted in this belocument's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
•	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
6/29/2024 Dated Signature	
selecte	lirector, president or other officer – if directors or officers have not been d, by anymeorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	DAYLLACEVEDO
	(Typed or printed name of person signing)
	PRES/DIR

(Title of person signing)