P17000090150

(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: P17000090150

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

YAMILE ALVAREZ

Name of Contact Person

PRECIOUS CARGO LEARNING CENTER, INC.

Firm/ Company

2625 WEST 78 STRTEET

Address

Hialeah, FL 33016

City/ State and Zip Code

preciouscargo.lc@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yamile Alvarez

Name of Contact Person

at (<u>305</u>) <u>494-7850</u> Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee

□\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)

<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



· · ·	Articles of I	f Amendment to Incorporation of	EU IU	10 m
PRECIOUS CARGO LEARNING CEN	TER, INC.			۳ <u>۵</u>
(<u>Name</u>	of Corporation as curre	ntly filed with the Florida D	ept. of State)	
P17000090150				с.; С;;
	(Document Number	r of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006. Florida Statutes, th	nis Florida Profit Corporation	adopts the following a	mendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ution "Corp." "Inc." or	" "Co". A professional corp	rporated" or the abbr	he new reviation ttain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		2625 WEST 78 STREE	T	
		Hialeah, FL 33016		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		2625 WEST 78 STREE	T	
		Hialeah, FL 33016		
D. <u>If amending the registered agent an</u> <u>new registered agent and/or the new</u>			ame of the	
<u>Name of New Registered Agent</u>				
	2625 WEST 78 STREE			
	HIALEAH	street address)	33016	
<u>New Registered Office Address</u> :		(City)	, Florida <i>(Zip Cod</i>	le)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> *Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position,*

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 F. There is a change, Mike Jones leaves the corporation. Sally Smith is named the F and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SF as an Add. Example:

X Change PΤ John Doe X Remove ¥ Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) 1) X Change PD EVA ALVAREZ 2625 WEST 78 STREET Hialeah, FL 33016 ____ Add ____ Remove VD. CARIDAD DELGADO 2625 WEST 78 STREET 2) ____ Change Х Hialeah, FL 33016 __ Add ____ Remove S YAMILE ALVAREZ 2625 WEST 78 STREET 3) ____ Change X Hialeah, FL 33016 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)

SEE ATTACHED

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)

. . . . The date of each amendment(s) adoption: _______, if other than the date this document was signed.

. . . . Effective date if applicable: ____

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

□ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement* must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by ______(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

02/12/2018 Dated Signature _

By a director, president or other officer – if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

EVA C. ALVAREZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)