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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	N: TOP KID	S BILINGUAL P	RESCHOOL NEW PORT	RICHEY	TNC
DOCUMENT NUMBER: _				, , ,	
The enclosed Articles of Ame					
Please return all corresponder					
 آ	DAFRI	AN GUTLERREE Name of Contact Person  Bilinated Pro	eschoo)		
			5- HAMMOCK OR		
	TAM?	A FL 33578 City/ State and Zip Cod	<u>}</u>		
<u> 904</u>			notification)		
For further information conce	rning this matter, pleas	se call:			
DAFRAN GUI Name of Cont	HERREZ act Person	at (S) 3 Area Co	de & Daytime Telephone Number		
Enclosed is a check for the fo	llowing amount made	payable to the Florida Depa	artment of State:		
	\$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)		
Mailing Ac	<u>ldress</u>	Street	Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

TOP KIDS BILINGUAL PRES		Y PORT RICHEY y filed with the Florida		<del></del>	
4 - 2 0 - 00 - 4 - 22 0					
(	Document Number o	f Corporation (if known)	-		
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporati	on adopts the follow	ring amendment(	s) I
A. If amending name, enter the new name of	the corporation:				
n//A				The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "	Co". A professional co		abbreviation	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		<u> </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>CE BOX</u> )	N/A		7018 aCT - 1 PM 2: 47	ニコフ
D. If amending the registered agent and/or r new registered agent and/or the new regis			name of the		
Name of New Registered Agent	N/A			_	
	(Florida str	vet addressi		_	
New Registered Office Address:	N/A	(City)	, Florida	p Code)	
New Registered Agent's Signature, if changing the Property accept the appointment as registered a			utions of the position	1.	
	N/A	evistered Avent. if chang			
	<ul> <li>Signature of New R</li> </ul>	egistered Avent-if chang	me		

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: <u>X</u> 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	2_	ANNE CAROLE A BRETON	19500 HAY DEN LAKE CT
Add Remove 2) Change	P	Keila VALEREO	LAND O'LACKES, FL, 3463  6701 5 Manhottan Ave
Add Remove			Sted TAMPA FL 33616
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add			
6) Change Add Remove			

Attach <i>addition</i>	adding additional Articl ul sheets, if necessary)	(Be specific)			
			<u> </u>		
				-	
				<del></del>	
					<u>-</u>
					. <u> </u>
					<del></del>
			<del></del>		
·			<del></del>		
i an amendme	it provides for an exchai	ree, reclassificatio	n. or cancellation	n of issued shares.	
provisions for	implementing the amend	ment if not conta	ined in the amend	lment itself:	
(if not app	icable, indicate N/A)				
	<del></del>		<del></del>		
		<del> </del>			
			<del></del>	_	

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date if applicable:	9/26/2018	
The trace is approxime.	(no more than 90 days after amendment file do	ute)
<b>Note:</b> If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirem artment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the afficient for approval.	imendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amenda	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
hy	<u>,"</u>	
,	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and sha	reholder
Dated9	126/2018	
selected	ector, president or other officer – if directors or officers has by an incorporator – if in the hands of a receiver, trustee, of d fiduciary by that fiduciary)	
_	Keila VALERIO	
	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	