P19000044068

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION:	OS LEARNING CENTER,	INC.	
DOCUMENT NUM	1BER: P19000044068			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	CHRISTOPHER ADELEKE			
		Name of Contact Person	1	
	CREATIVE MINDS LEARNING CENTER, INC.			
	Finn/ Company			
	16263 NW 2ND AVENUE			
	<u> </u>	Address	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	MIAMI, FL 33169			
		City/ State and Zip Code	· ·	
chil	dacademypresch@att.net			
		sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
CHRISTOPHER ADELEKE		305	495-3121	
Name of Contact Person			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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

CREATIVE MINDS LEARNING CENTER, INC.

(Name of Corporation as currently	filed with the Florida Dept. of State)	_
P19000044068		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)	te
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office addressiness registered agent and/or the new registered office address:		
Name of New Registered Agent	T. 70	
Hame March McGreen Agent	: 8 T	i
(Florida stree	et address)	
New Registered Office Address:	. Florida	11 7
	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	
Signature of New Re	rgistered 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 hold. 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	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
_X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P.V.S,T	PATRICK ADELEKE	P.O. BOX 960490
Add			MIAMI, FL 33296
X Remove			
2) Change	P,V,S,T	CHRISTOPHER ADELEKE	16263 NW 2ND AVENUE
X Add			MIAMI, FL 33169
Remove			
3) Change			-
Add			_41
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
		-	
Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessury).	. (Be specific)	
		_
	<u> </u>	
f an amendment provides for an exclusions for implementing the ame	hange, reclussification, or cancellation of issued shares, endment 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 f.	ile date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The f must be separately provided for each voting group entitled to vote separately on the and	ollowing statement endment(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 action was not required.	n and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	i shareholder
OCTOBER 16, 2019	
DatedSignature	
(By a director, president or other officer – if directors or officer selected, by an incorporator – if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	s have not been ee, or other court
PATRICK ADELEKE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	