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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: _ CREATIVE MINDS LEARNING CENTER, INC DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PATRICK ADELEKE Name of Contact Person Firm/ Company 299 S. BISCAYNE DRIVE Address MIAMI, FL 33169 City/ State and Zip Code patrickadeleke61@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 588-0181

Area Code & Daytime Telephone Number PATRICK ADELEKE Name of Contact Person 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CREATIVE MINDS LEARNING CENTER, INC.

(Name of Corporati	on as currently filed with	the Florida Dept. of State)	
P19000044068			
(Docum	nent Number of Corporation	ı (if known)	
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this Florida Prof	it Corporation adopts the follo	wing amendment(s) t
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professione		
		.	1901
B. Enter new principal office address, if applicable		. ,	س <u>ہ ستن</u> س
(Principal office address <u>MUST BE A STREET ADL</u>	OKESS)		
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C. Estan nam malling addrson if analisable.			- B. (1)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)		= = ==
William & Maries Maries Prince Bo		··-··	100
			
D. If amending the registered agent and/or register	red office address in Florid	la, enter the name of the	
new registered agent and/or the new registered			
M CM. D. L. I.			
Name of New Registered Agent	• • • •		
	(Florida street address)		
New Registered Office Address:		. Florida	
The state of the s	(City)		Zip Code)
New Registered Agent's Signature, if changing Reg	ristered Agent:		
I hereby accept the appointment as registered agent.		ept the obligations of the position	on.
	·		
Cirro	ature of New Registered Age	ent if changing	
Sign	and of hon Regimered Age	on, y changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

Example:

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> <u>John</u>	Doe	
X Remove	V Mike	: Jones	
X Add	<u>SV</u> <u>Sally</u>	· Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P,V,S,T	CHRISTOPHER ADELEKE	16323 NW 2ND AVENUE
Add			MIAMI, FL 33169
Remove 2) Change	P,V,S,T	PATRICK ADELEKE	299 S. BISCAYNE RIVER DRIVE
X Add			MIAMI, FL 33169
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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)	If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
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OCTOBER 1, 2020	:6hh
The date of each amendment(s) adoption:date this document was signed.	, if other than th
OCTOBER 1, 2020	
Official data if applicables	
(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, the document's effective date on the Department of State's records.	nis date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholde action was not required.	r action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following so 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)	
10 5-30	
Dated	
Signature PA	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe	
appointed fiduciary by that fiduciary)	
PATRICK ADELEKE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	