

(Re	equestor's Name)	
(Ac	ddress)	
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(Cit	ty/State/Zip/Phone	÷ #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Amend

AUG 1 3 2019

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## **COVER LETTER**

NAME OF CORPORATION: Little Cyple Learning Center ITM

DOCUMENT NUMBER: Pla DODO 47191.

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

Please return all correspondence concerning this matter to the following:

Royand Pare Z

Name of Contact Person

Firm/Company

3198 Sw J6 Street

Address

Miomi 1 33133

City/ State and Zip Code

Little opple 3191 E.gmail.com

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

For further information concerning this matter, please call:

\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Mailing Address

\$35 Filing Fee

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

43.75 Filing Fee & Certificate of Status

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

## **Articles of Amendment**

to

## Articles of Incorporation of

Little Apple Learning Center Inc P19000047196

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A: If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

- B: Enter new principal office address, if applicable:
- C. Enter new mailing address, if applicable:
- D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name and address of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:

Type of Action	Title	Name	Address
1) DELETE	VP	Lorena Llanes	492 SW 88 Ct Miami EL 3317

The date of each amendment(s) adoption: 7/30/2019

Effective date if applicable: 7/30/2019

Signature

Ą	doption 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)
į	X ] 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.
	Dated: July 30, 2019

ROXANA PEREZ, PRESIDENT/REGISTERED AGENT