P20000013210

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COVER LETTER

TO: Amendment Section Divis ion of Corporations NAME OF CORPORATION: JUST LIKE HOME ACADEMY INC DOCUMENT NUMBER: P20000013210 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YAMISHA FULLER Name of Contact Person JUST LIKE HOME ACADEMY INC Firm/ Company 5059 IVORY STONE DR Address WIMAUMA, FLORIDA 33598 City/ State and Zip Code YAMISHAWELLS@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ___ at (727) 657-2415 Area Code & Daytime Telephone Number YAMISHA FULLER Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

□\$43.75 Filing Fee &

Certificate of Status

☐ \$35 Filing Fee

Tallahassee, FL 32314

Street Address

△\$43.75 Filing Fee &

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enclosed)

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

\$52.50 Filing Fee

Certified Copy (Additional Copy

is enclosed)

Certificate of Status

Articles of Amendment Articles of Incorporation oſ

FILED

JUST LIKE HOME ACADEMY INC

2022 JAN 18 PM 2: 43

(Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEEL FLORE P20000013210 (Document Number of Corporation (if known)

nt(s) to

A. If amending name, enter the new name of the	e corporation:	
JUST LIKE HOME EARLY LEARNING ACADI	EMY INC	The nev
name mus.t be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "In "chartere d," "professional association," or the ab	nc." or "Co". A professional corporation	ed" or the abbreviation "Corp.,
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	
D. If amonding the registered agent and/or registered agent and/or registered agent and/or the new register		name of the
		name of the
new registered agent and/or the new register	ed office address:	name of the
new registered agent and/or the new register Name of New Registered Agent		
new registered agent and/or the new register	ed office address:	name of the
new registered agent and/or the new register Name of New Registered Agent	ed office address: (Florida street address)	. Florida
new registered agent and/or the new register Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing be	(Florida street address) (City) Registered Agent:	, Florida(Zip Code)
new registered agent and/or the new register Name of New Registered Agent	(Florida street address) (City) Registered Agent:	, Florida

Check if applicable

☐ The an iendment(s) is/are being fifed 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 aciditional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = Pres.ident; 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.

Unanges 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>	John Doe	
X Remo ve	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Salty Smith	
Type of Action (Check Owe)	<u>Title</u>	<u>Name</u>	Address
1) Change			
/Add			
Remove			
2) Change			
Add			
IRemove 3) Change			
/Add			
Remove			
4) Change			
Add			
iRemove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
n amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
ovisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
((if not applicable, indicate N/A)	
((if not applicable, indicate N/A)	<u>,</u>
((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 thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoptiom of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s)/was/were by the shareholders was/were	adopted by the shareholders. The number of votes was for the amendment(s), a sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	1-13-22	
Signature	director, president or other officer – if directors or officers have not been	
selec	eted, by an incorporator - if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	YAMISHA FULLER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	