## P2300062041

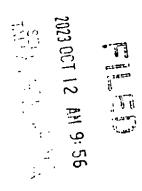
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: KOALA LEARNE	NG CENTERS INC	
DOCUMENT NUM	P23000062041		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	ALINA GARZA		
		Name of Contact Person	1
	KOALA LEARNING CENT	TERS INC	
		Firm/ Company	
	2894 NW 79 AVE		
		Address	
	DORAL, FL 33122		
		City/ State and Zip Cod	e
	agarza@koalaaba.com		
	E-mail address: (to be us	sed for future annual report	notification)
	on concerning this matter, plea		420 2551
ALINA GARZA		at (305	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 dahassee, FL 32314	Amend Divisio The C 2415 N	Address Innert Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of

KOALA LEARNING CENTERS INC

ROALA LEARNING CENTERS INC	the filled wish the Directly Days of States
P23000062041	tly filed with the Florida Dept. of State)
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
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)	273 CT
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registerea Agent	56
(Florida si	trect address)
New Registered Office Address:	, Florida
	(Čity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar Signature of New 1	t: with and accept the obligations of the position.  Registered Agent, if 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)

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>	John Doe			
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		
T) Change	<u> </u>	CARIDAD BOUZA MERIDA	10181 NW 32 TER		
Add			DORAL, FL 33172		
X Remove					
2) Change			_		
Add					
Remove 3) Remove					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
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Remove					
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an amendment prov	<u>ides for an excha</u> i	nge, reclassificati	ion, or cancellati	on of issued sha	res,	
<u>rovisions for implen</u>	nenting the amend	<u>lment if not cont</u>	ained in the ame	ndment itself:		
(if not applicable,	indicate N/A)					
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10/01/2023	Sanda and an art
The date of each amendment(s) adoption:, it date this document was signed.	f other than the
Effective date if applicables	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not adocument's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and share action was not required.	eholder
☐ 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)	
Dated	
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ALINA GARZA	
(Typed or printed name of person signing)	<del></del>
CFO	
(Title of person signing)	

• • •