5/20/24, 2:31 PM

**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 Phone : (407)552-7903 : (407)449-2348 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

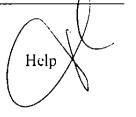
Email Address: info@claudialimatax.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN LITTLE SMILES DAYCARE CORP

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## COVER LETTER

|                                       |  | COVERLETTER  |  |                      |
|---------------------------------------|--|--|--|----------------------|
| TO: Amendment Sec<br>Division of Corp |  |  |  |                      |
| NAME OF CORPO                         | RATION: LITTLE SMILES  | DAYCARE CORP   |  |                      |
|                                       | BER: P24000012273  |  |  |                      |
| The enclosed Articles                 | of Amendment and fee are su  | bmitted for filing.  |  |                      |
| Please return all corre               | espondence concerning this ma  | tter to the following:   |  |                      |
|                                       | CLAUDIA LIMA   |  |  |                      |
|                                       |  | Name of Contact Person   | n  |                      |
|                                       | CLAUDIA LIMA TAX & ACCOUNTING LLC  |  |  | 207                  |
|                                       |  | Firm/ Company  |  | <u> </u>             |
|                                       | 9100 CONROY WINDERMERE RD SUITE 200 OFFICE 241   |  |  |                      |
|                                       | Address  |  |  |                      |
|                                       | WINDERMERE, FL 34758   |  |  |                      |
|                                       | City/ State and Zip Code   |  |  |                      |
|                                       | INFO@CLAUDIALIMATAX.COM  |  |  | 2024 HAY 20 AM 8: 23 |
|                                       | E-mail address: (to be us  | ed for future annual report                                      | notification)  |                      |
| For further information               | n concerning this matter, pleas  | se call:   |  |                      |
| CLAUDIA LIMA                          |  | at ( <sup>407</sup>  | 552-7903<br>de & Daytime Telephone Nu  |                      |
| Name                                  | of Contact Person  | Area Co  | de & Daytime Telephone Nu  | mber                 |
| Enclosed is a check for               | or the following amount made   | payable to the Florida Depa                                      | artment of State:  |                      |
| ■ \$35 Filing Fee                     | S43.75 Filing Fee & Certificate of Status  | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed)          |                      |
| Am<br>Div<br>P.O                      | iling Address<br>endment Section<br>ision of Corporations<br>. Box 6327<br>ahassee, FL 32314 | Amend<br>Divisio<br>The Co<br>2415 N                             | Address Iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 816 ussee, FL 32303 | <b>o</b>             |

## Articles of Amendment to

| Articles of In-<br>of   |   |
|---|---|
| LITTLE SMILES DAYCARE CORP  |   |
| (Name of Corporation as current   | ly filed with the Florida Dept. of State)   |
| P24000012273  |   |
| (Document Number of   | 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:   |   |
| LITTLE SMILES SOLUTIONS CORP  | The new   |
| name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". I chartered," "professional association," or the abbreviation "P.A." | company," or "incorporated" or the abbreviation "Corp"  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> )   | 202   |
|   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 20 A  |
|   |   |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address  |   |
|   | -   |
| Name of New Registered Agent  |   |
|   | reet address)   |
| New Registered Office Address:  | . Florida   |
|   | (City) (Lip Code)   |
|   |   |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v   |   |
|   |   |
| Signature of New R  | egistered Agent, if changing  |
| Check if applicable   |   |

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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 <math>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                      | PT John Doe                |                                       |
|-------------------------------|----------------------------|---------------------------------------|
| X Remove                      | <u>V</u> <u>Mike Jones</u> |                                       |
| _X Add                        | SV Sally Smith             |                                       |
| Type of Action<br>(Check One) | <u>Title</u> <u>Name</u>   | Address PAY                           |
| 1) Change                     |                            | J - ' ~ ' ~ ' ' ~ '                   |
| Add                           |                            | · · · · · · · · · · · · · · · · · · · |
| Remove                        |                            | S 23                                  |
| 2) Change                     |                            | 23                                    |
| Add                           |                            |                                       |
| Remove 3   Change             | <del></del>                |                                       |
| Add                           |                            | <del></del>                           |
| Remove                        |                            |                                       |
| 4) Change                     | <del></del>                |                                       |
| Add                           |                            |                                       |
| Remove                        |                            | <del></del>                           |
| 5) Change                     |                            |                                       |
| Add                           |                            |                                       |
| Remove                        |                            |                                       |
| δ) Change                     |                            |                                       |
| Add                           |                            |                                       |
| Remove                        |                            |                                       |

| Attach additional sheets, if necessary)                              | (Be specific)                            |                   |  |                                       |                                       |      |
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| an amendment provides for an exchorovisions for implementing the ame | iange, reclassifica<br>adment if not cor | tion, or cancella | ition of issued shar<br>nendment itself: | res,                                  |                                       |      |
| (if not applicable, indicate N/A)                                    |  |                   | attion, jugare                           |                                       |                                       |      |
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T

| The date of each amendment(s) date this document was signed.          | adoption:   | _, if other than the |
|---|---|----------------------|
| Effective date if applicable:   |   |                      |
|   | (no more than 90 days after amendment file date)  |                      |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this date will bepartment of State's records.   | not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |                      |
| The amendment(s) was/were ac action was not required.                 | lopted by the incorporators, or board of directors without shareholder action and   | shareholder          |
| The amendment(s) was/were ac by the shareholders was/were s           | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.  |                      |
|   | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):   | 2024 HAY 20          |
| "The number of votes cas  | t for the amendment(s) was/were sufficient for approval   | 720                  |
| Ъу  | <u> </u>  | (1255)               |
|   | (voting group)  | <b>I</b>             |
| ABRIL 19<br>Dated   | (voting group)  TH 2024   | 8: 23                |
| Signature   | fara Santas (Aur 19, 2024 10 04 EDT)  |                      |
| (By a constant)   | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary) | _                    |
|   | ANA CLARA DE OLIVEIRA SANTOS  |                      |
|   | (Typed or printed name of person signing)   |                      |
|   | Ana Clara de Oliveira Santc   |                      |
|   | (Title of person signing)   |                      |