743153

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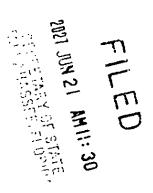


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COVERLETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: SUN GROV	E MONTESSORI SCHOOL, II	√C.	
743153 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
William Riddle			
	(Name of Contact Person	on)	
	(Firm/ Company)		
5610 Oleander Ave			
	(Address)		
Fort Pierce, FL 34982			
	(City/ State and Zip Co	de)	
sgms@sungrovemontessori.org			
E-mail address: (to	be used for future annual repor	t notificatio	n)
For further information concerning this matter	, please call:		
William Riddle	7 at	772	464-5436
(Name of Contact	Person) (7	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida De	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of !	_	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amer Divis	et Address ndment Sect sion of Corpe Centre of T	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2027 JUN 21 AM 11: 30

SUN GROVE MONTESSORI SCHOOL, INC. (Name of Corporation as currently filed with the Florida Dept. of State) 743153 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: William Riddle Name of New Registered Agent: 5610 Oleander Ave (Florida street address) New Registered Office Address: ____, Florida 34982 (Zip Code) Fort Pierce (City) 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.

Signature of New Registered Agent, if changing

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.

Example: X Change X Remove X Add	PT John I V Mike . SV Sally 5	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change Add	<u>T</u>	Andrew Dore	5610 Oleander Ave Fort Pierce, FL 34982
Remove			
2) <u>×</u> Change Add	<u>S</u>	Heather Merson	5610 Oleander Ave Fort Pierce, FL 34982
Remove 3) Change × Add Remove	D	Jose Sarasola	5610 Oleander Ave Fort Pierce, FL 34982
4) Change Add	<u>D</u>	Lisa Floyd	5610 Oleander Ave Fort Pierce, FL 34982
Remove 5) Change X Add	D	Jennifer Bartow	5610 Oleander Ave Fort Pierce, FL 34982
Remove 6) Change Add	D	Angelina Acevedo	5610 Oleander Ave Fort Pierce, FL 34982
Remove E. If amending or add (attach additional sho REMOVE William Rid	eets, if necessary).	rticles, enter change(s) here: (Be specific)	
KENOVE William Rid	diç		
REMOVE Megan Know	wles		

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The date of each amendment(s) adoption: date this document was signed.					, if other than th
Effective date if applicable:					
(no n	nore than 90 days	after amendmer	it file date)		· · · · · · · · · · · · · · · · · · ·
Note: If the date inserted in this block does not	meet the applicat	ole statutory filir	ng requirements	, this date will no	t be listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

document's effective date on the Department of State's records.

Adoption of Amendment(s)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
Dated _	5/14/2021			
h	by the chairman or vice chairman of the board, president or other officer-if directors ave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
	Jamie Duplantis			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			