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Special Instructions to Filing Officer:	٦





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Moultrie MontesSori School, LL Name of Limited Liability Company	<u>C</u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Elizabeth Buskirk Name of Person	
Moultrie Montessori Sch	1001
27 S. Dixie Hway	
St. Augustine, FL 32081 City/State and Zip Code	-1
Jeannie @moultriemortessori E-mail address: (to be used for future annual report notification)	· · com
For further information concerning this matter, please call:	
Flizabeth Buskirk at (352) 317-7 Name of Person Area Code Daytime Teleph	1528 hone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S25.00 Filin	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Come	nany as it now annears on	nool, LLC	<u> </u>
The Articles of Organization for this Limited Liability Compan	ny were filed on <u>B</u>	122/2007	and assigned
This amendment is submitted to amend the following:			
the Articles of Organization for this Limited Liability Company were filed on			
A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on			
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		 	
			9 PP M
Name of New Registered Agent:			
New Registered Office Address:	Entae kilogida e	trust address	
	isher riorida s		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Type of Action **Title** Name Address Adminstrator Kevin S. Carter 37 S. Dixie Hway DAdd St. Augustine, FL 32084 **Remove ____ 🗀 Change ____ 🗀 Remove __ Change DbA □ _□ Remove ____ Change _□ Add ☐ Remove ☐ Change DbA □ □ Remove ☐ Change

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Filing Fee: \$25.00