

L18 000 101792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

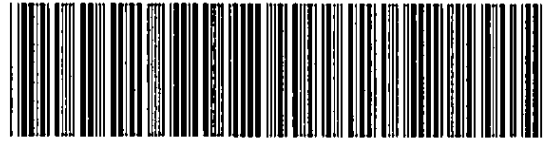
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAY 10 PM 3:26

T. MATTHEWS

MAY 16 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 MAY 10 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FL

April 19, 2022

FABRICE HERZSTEIN
20803 BISCAYNE BLVD, STE 440
AVENTURA, FL 33180

SUBJECT: DE LA FONTAINE TRILINGUAL MONTESSORI SCHOOL, LLC
Ref. Number: L18000101792

We have received your document for DE LA FONTAINE TRILINGUAL MONTESSORI SCHOOL, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 422A00009082

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DE LA FONTAINE TRILINGUAL MONTESSORI SCHOOL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FABRICE HERZSTEIN

Name of Person

Firm/Company

20803 BISCAYNE BLVD. SUITE 440

Address

AVENTURA, FL, 33180

City/State and Zip Code

FABRICE@MCHCONSULTINGUSA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABRICE HERZSTEIN

786 785-5000
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

Mailing Address:

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

Street Address:

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 MAY 10 PM 3:26

DE LA FONTAINE TRILINGUAL MONTESSORI SCHOOL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/23/2018 and assigned
Florida document number L18000101792.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

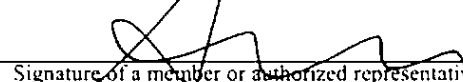
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	VIRGINIE BUTIN	20803 BISCAYNE BLVD, STE 440	<input type="checkbox"/> Add
		AVENTURA, FL, 33180, USA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	THE FRENCH MIND LLC	20803 BISCAYNE BLVD, STE 440	<input checked="" type="checkbox"/> Add
		AVENTURA, FL, 33180, USA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIRGINIE BUTIN	20803 BISCAYNE BLVD, STE 440	<input checked="" type="checkbox"/> Add
		AVENTURA, FL, 33180, USA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

and is filed.

Dated March 24 2022



Signature of a member or authorized representative of a member

VIRGINIE BUTIN

Typed or printed name of signer

Filing Fee: \$25.00