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Certified Copies	Certificates of	of Status	
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Special Instructions to F	iling Officer:		





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TIME

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sacred Heart Montess	ori 2, LLC.			
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- <u> </u>				
			1	Art of Inc. File
· · · · · · · · · · · · · · · · · · ·				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
		,		Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
v				Vehicle Search
	-			Driving Record
Requested by: SETH	04/11/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier



April 8, 2022

LAUREN LLORCA 777 SW 37TH AVE SUITE 510 MIAMI, FL 33135

SUBJECT: SACRED HEART MONTESSORI 2 LLC

Ref. Number: L22000047003

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please select the type of action for MGR-Darlene N Marrero.

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.

Querida R Silas Regulatory Specialist II

Letter Number: 322A00008261

COVER LETTER

TO:

TO: Registration Se Division of Cor			
SACRED I	HEART MONTESSORI 2 LLC	2	
SUBJECT:	HEART MONTESSORI 2 LLC	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	•	
	Lauren Llorca		
	·	Name of Person	
	EPGD Attorneys at law, P	.A.	
		Firm/Company	
	777 SW 37th Ave. Suite 5	10	
		Address	
	Miami, FL 33135		
		City/State and Zip Code	
	lauren@epgdlaw.com		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)
Lauren I.lorca	one of the state of the state of	786 837-6787	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
		·	
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration So	ection
Division of C P.O. Box 632	•	Division of Co The Centre of	rporations
Tallahassee, I			oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SACRED HEART MONTESSORI 2 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 01/26/2022 and assigned Florida document number ______L22000047003 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 "LLC." 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

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

Title	<u>Name</u>	Address	Type of Action
MGR	Darlene N Sixto	7520 SW 100 AVENUE	
		MIAMI, FL 33173	
			□Change
MGR	Darlene N Marrero	7520 SW 100 AVENUE	ZX∧dd
		MIAMI, FL 33173	□Remove
			□Change
			□Add
			©Remove
			Change
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			Channe

ective date, if other than the date of filing: (optional)					
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Filing Fee: \$25.00