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COVERLETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	G STARS MONTESSORI SC	HOOL LLC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	CHARITHA BALASURI	ΥΛ				
	***************************************	Name of Person				
	BLOOMING STARS MO	NTESSORI SCHOOL LLC				
		Firm/Company				
	2124 MARISOL LOOP					
		Address				
	KISSIMMEE, FL 34743					
		City/State and Zip Code				
	CHARITHA_B@HOTMA	IL.COM				
	E-mail address: (to be used for future annual report noti-	fication)			
For further information of	oncerning this matter, please c	all:				
CHARITHA BALASURIYA		404 532 8804 at (
Name of Person		Area Code Daytime	e Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address:				
Registration Section		Registration Section Division of Corporations				
Division of Corporations P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLOOMING STARS 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 06/24/2024 and assigned
Florida document number L24000284312	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
BLOOMING STARS MONTESSORI SCHOOL LLC	
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Cont	ompany," the designation "L.L.C." 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)	
<u> </u>	
B. If amending the registered agent and/or registered office address here:	ess on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Tity Zip Code 🔀
New Registered Agent's Signature, if changing Registered Agent:	Tip Code 2

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>	Address	Type of Action
AMBR	CHARITHA BALASURIYA	2124 MARISOL LOOP, KISSIMMEE, FL 34743	= Add
			□Remove
			□Change
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effective date is	f other than the disted, the date must inserted in this ble live date on the Do	t be specific an ock does not	id cannot be primeet the app	licable statu		than 90 days			
ecord specifies is filed.	a delayed effectiv	e date, but no	ot an effectiv	e time, at 12	2:01 a.m. on	the earlier of	(b) The	90th day a	ıfter th
ed			2024						
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		Signature of a	(13W	Cusu	+				

Filing Fee: \$25.00