

L24000284699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

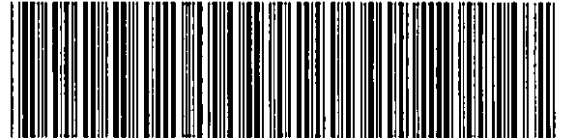
(Document Number)

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2024 NOV 26 PM 2:58

TALLAHASSEE, FLORIDA

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2024 NOV 26 PM 4:34

TALLAHASSEE, FLORIDA

OFFICE

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/26/2024

****WALK IN****

ENTITY NAME Montessori Early School LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

S. R. J. W.

Please call Tina at the above number for any issues or concerns. Thank you so much!

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

FILED
2024 NOV 26 PM 2:58

Montessori Early 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 L24000284699.

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)

325 Seaboard Lane, Suite 150

Franklin, TN 37067

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:

Mark Claypool

New Registered Office Address:

4100 Montessori Drive

Enter Florida street address

Pensacola

City

Florida 32504

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.

Signed by:

Mark Claypool

F356720405D0492

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	Galileo Education Intermediate, Inc	325 Seaboard Lane, Ste. 150	<input checked="" type="checkbox"/> Add
		Franklin, TN 37067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kathy Turtle	2100 Magnolia Avenue	<input type="checkbox"/> Add
		Pensacola, FL 32503	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mary Gaudet	9613 Grallatorial Circle	<input type="checkbox"/> Add
		Pensacola, FL 32507	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Maria Mitkevicius	5820 Keystone Road	<input type="checkbox"/> Add
		Pensacola, FL 32504	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The Company shall be member-managed.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____,

Signed by:

Mark Claypool

~~E35872D405D8462~~

Signature of a member or authorized representative of a member

Mark Claypool, Chief Executive Officer

Typed or printed name of signee

Filing Fee: \$25.00