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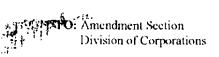


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SCORDIANT OF STATE
ALLARASSEL FLORIDA

COVER LETTER



MONTESSORI TIDES NAME OF CORPORATION:	CHILDRENS FOU	NDATION,	INCORPORATED
N0000000345 DOCUMENT NUMBER:			<u></u>
The enclosed Articles of Amendment and fee are submitted	ted for filing.		
Please return all correspondence concerning this matter to	o the following:		
JONATHAN SMYK			
(N	ame of Contact Pers	son)	
MONTESSORI TIDES CHILDRENS FOUNDATION,	INCORPORATED		
	(Firm/ Company)		
509 7TH AVEN			
	(Address)		
JACKSONVILLE BEACH, FL 32250			
(Ci	ity/ State and Zip Co	xde)	
mtcfconnect@gmail.com			
E-mail address: (to be used fo	r luture annual repo	rt notification)
For further information concerning this matter, please cal	l:		
Jonathan Smyk		517	980-5375
(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ble to the Florida De	epartment of S	State:
(\$43.75 Filing Fee & Certified Copy Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is seed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame Divis The	et Address ndment Sectionsion of Corpo Centre of Ta N. Monroe	rations

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

MONTESSORI TIDES CHILDRENS FOUNDA				
(Name of Corporation as currently filed with th N00000000345	e Florida I	Dept. of State)		
(Docur	nent Numb	er of Corporatio	on (if known)	
Pursuant to the provisions of section 617,1006, Flo amendment(s) to its Articles of Incorporation:	orida Statuto	es, this <i>Florida</i> .	Not For Profit Corporation adopts the	: following
A. If amending name, enter the new name of th	e corporat	ion:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		tion" or "incorp	porated" or the abbreviation "Corp."	_
B. Enter new principal office address, if applica	thle:	N/A		
(Principal office address MUST BE A STREET A)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	N/A	SCORT L	2024 SEP
				<u>ሐ =</u>
D. If amending the registered agent and/or reginew registered agent and/or the new register			lorida, enter the name of the	ED PH:
Name of New Registered Agent:	Jonathan (C Smyk		₽ }
	509 7th A	ve N	(Tr	
New Registered Office Address:		-	(Florida street address)	
	Jacksonville Beach		32250	
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen			accept the obligations of the position.	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange X Remove X Add	PT John De V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add	<u>P</u>	Tempi R Hetman-Clemente	2441 Oak Forest Drive Jacksonville Beach, FL 32250
X Remove 2) Change Add	<u>T</u>	Leland D Edwards	11736 Blackstone River Drive Jacksonville, FL 32256
X Remove 3) X Change Add Remove	<u>P</u>	Justin L Hoyer	3655 Burnt Pine Drive Jacksonville, FL 32244
4) X Change Add	V	Todd Miner	363 9th Street Atlantic Beach, FL 32233
Remove 5) X Change Add	<u>T</u>	Jonathan C Smyk	509 7th Ave N Jacksonville Beach, FL 32250
Remove Change Add	<u>s</u>	Jennafer N Narkiewicz	913 23rd St N Jacksonville Beach, FL 32250
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

Ala-		
		
		
		
The date of each amendment(s) adoption: date this document was signed.	AUGUST 20, 2024	, if other than
Effective date if applicable:	o more than 90 days after amendment file date)	

■ The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

I.	9/3/2024 ated	
S	have not been s	on or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or so inted fiduciary by that fiduciary)
	Jonathan C	Smyk
		(Typed or printed name of person signing)
	Treasurer	