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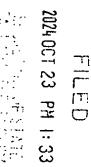
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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	MONTESSORI TII ON:	DES CHILDRENS FO	UNDATION,	INCORPORATED	
	N00000000345				
DOCUMENT NUMBER:					
The enclosed Articles of Art	nendment and fee are sub	omitted for filing.			
Please return all correspond	ence concerning this mat	ter to the following:			
JONATHAN SMYK					
	<u></u>	(Name of Contact Per	rson)	···	
MONTESSORI TIDES CH	IILDRENS FOUNDATIO	O.N			
		(Firm/ Company))		
1015 ATLANTIC BLVD, S	STE 418				
	•	(Address)			
ATLANTIC BEACH, FL 3	2233				
		(City/ State and Zip C	lode)		
mtcfconnect@gmail.com					
Į.	-mail address: (to be use	d for future annual repo	ort notification	n)	
For further information cond	cerning this matter, please	e call:			
JONATHAN SMYK		at _	517	980-5375	
	(Name of Contact Person			(Daytime Telephone Number	r)
Enclosed is a check for the l	following amount made p	ayable to the Florida D	epartment of	State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A	Address	Str	eet Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2024 OCT 23 PM 1: 33

MONTECCODI TUDE CUIU INDEMO ECULUI CITALI I	of	-024 OCT 2
MONTESSORI TIDES CHILDRENS FOUNDATION, IN	CORPORATED	Store 1
(Name of Corporation as currently filed with the Florida	Dept. of State)	4 / 3/2013
N0000000345		· · · · · · · · · · · · · · · · · · ·
(Document Num	aber of Corporation (if kn	iown)
Pursuant to the provisions of section 617.1006, Florida State emendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not Fo</i>	r Profu Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated	" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>s</u>)	
Trator con multi-radden (f. 1911)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
). If amending the registered agent and/or registered of	Gooddann in El-4t.	
new registered agent and/or the new registered office	address:	enter the name of the
Name of New Registered Agent:		
Same of New Regimerea Agent:		
New Registered Office Address:	(PiO	rida street address)
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am for	d Agent: amiliar with and accept to	he obligations of the position.
<u></u>	Signature of New Register	red 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.

		The same same a second	
Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change Add	D	Rachel Dorrian	510 Lora St. Neptune Beach, FL 32266
Remove			
2) Change Add			
Remove 3) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. <u>If amending or addin</u> (attach calditional shee	g additional Arti ts, if necessary).	cles, enter change(s) here: (Be specific)	
			· · · · · · · · · · · · · · · · · · ·
			

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The date of each amendment(s) adopt date this document was signed.	tion:	· · · · · · · · · · · · · · · · · · ·		, if other than the
E.C				
Effective date <u>if applicable</u> :	(no more than 90 days	Α		
	(no more than 90 days	ajter amendment	file date)	
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applical ment of State's records.	ble statutory filing	requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			

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

13	10/18/24
Dated	
Signat	ure ————————————————————————————————————
· ·	(By the chairman or vice chairman of the board, president or other officer-if directors
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Jonathan C Smyk
	(Typed or printed name of person signing)

(Title of person signing)