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(Re	questor's Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Ambleside School of Ocala, Inc.

NAME OF CORPORATIO	N:				·
4	<del>100004644 -</del>				
DOCUMENT NUMBER: _		N03000004644			
The enclosed Articles of Amo	endment and fee are sub-	mitted for filing.			
Please return all corresponde	nce concerning this matt	er to the following	; <b>:</b>		
Jill M. Romine		_			
		(Name of Contact	t Pers	son)	
Ambleside School of Ocala,	Inc.				
		(Firm/ Comp	any)		
507 SE Broadway Street					
		(Address)	)		
Ocala, FL 34471					
		(City/ State and Z	ip Co	ode)	
jromine@amblesideocala.com	n				
E-	mail address: (to be used	for future annual	repoi	rt notification	)
For further information conce	erning this matter, please	call;			
Jill M. Romine			3 at	52	694-1635
(	Name of Contact Person	)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pa	ayable to the Florid	la De	partment of	State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)		Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing Ac				t Address	
Amendmer	t Section			ndment Secti	

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



Ambleside School of Ocala, Inc.

2023 JAN 17 AM 10: 22

(Name of Corporation as currently filed with th	e Florida Dept. of State)	· · ·
N000004644	N03000004644	TALL CONTRACT
(Docu	nent Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this Florida Not I	For Profit Corporation adopts the following
A. If amending name, enter the new name of the Ambleside Ocala, Inc.	e corporation:	_
name must be distinguishable and contain the work "Company" or "Co." may not be used in the nam		ted" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if application	507 SE Broadway S	Street
(Principal office address <u>MUST BE A STREET</u> A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	507 SE Broadway	Street
(maining address MATT DE 711 OG 1 OT 170E	Ocala, FL 34471	
D. If amending the registered agent and/or regi		a, enter the name of the
new registered agent and/or the new register	N/A	
Name of New Registered Agent:	N/A	
	· · · · · · · · · · · · · · · · · · ·	(Florida street address)
New Registered Office Address	N/A	. Florida N/A
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		pt the obligations of the position.
	4/ N	
-	N \A Signature of New Regi	stered 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, Sully 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: X Change X Remove X Add		<u>Doe</u> Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) N/A Change N/A Add	N/A	N/A	N/A N/A
N/A Remove  2) N/A Change N/A Add	N/A	N/A	N/A N/A
N/A Remove 3) N/A Change N/A Add N/A Remove	N/A	N/A	N/A N/A N/A N/A
4) N/A Change N/A Add	N/A	N/A	N/A N/A
N/A Remove  5) N/A Change N/A Add	N/A	N/A	N/A N/A N/A
N/A Remove  6) N/A Change N/A Add	<u>N</u> /A	N/A	N/A N/A N/A
N/A Remove	10 d.dVAI A	ndialar and an analysis have	N/A
(attach additional sh		rticles, enter change(s) here: . (Be specific)	
N/A			

N/A	
	****
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The state of the s	N=1
	····
January 12, 2023 The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
January 12, 2023  Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the

(CHECK ONE)

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

Adoption of Amendment(s)

was/were sufficient for approval.

	January 12, 2023
Da	tcd
Siį	(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)  Tyler Emmons
	(Typed or printed name of person signing)
	Board Chair