

(Re	equestor's Name)	
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

South Walton NAME OF CORPORATION:	n Montessori Academy, Inc
N03000009296	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Catherine Beall	
	(Name of Contact Person)
South Walton Montessori Academy	
	(Firm/ Company)
101 Eden Gardens Road	
	(Address)
Santa Rosa Beach, FL 32459	
	(City/ State and Zip Code)
cdbmontessori@hotmail.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	r, please call:
Catherine Beall	850 231-5955 at
(Name of Contact	
Enclosed is a check for the following amount	made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of	
Mailing Address	Street 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

FILED

		2021 442
Name of Corporation as currently filed with the Flor	rida Dept. of State)	2021 MAR 16 AM 7: 58
		SECRETARY
(Document N	Number of Corporation (if I	SECRETARY OF STATE CHOWN) TALLAHASSEE, FL
fursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation:		→
. If amending name, enter the new name of the corp	poration:	
\$/A		The new
ame must be distinguishable and contain the word "cor Company" or "Co." may not be used in the name.	rporation" or "incorporate	
B. Enter new principal office address, if applicable:	N/A	
Principal office address <u>MUST BE A STREET ADDR</u>	PESS)	
	 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		
	-	
. If amending the registered agent and/or registered	d office address in Florida	, enter the name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent: N/A		
	(F	Florida street address)
New Registered Office Address:		
N/A		, Florida N/A
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regist	tered Agent	
hereby accept the appointment as registered agent. I a		t the obligations of the position.
	-	· ·
	Signature of New Regis	tered Agent, if changing

NONPHAES

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check Onc)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add	TR	Shannon Singley	101 Eden Gardens Road Santa Rosa Beach, FL 32459	
× Remove				
2) Change * Add	TR	Shannon Martin	101 Eden Gardens Road Santa Rosa Beach, FL 32459	
Remove 3) Remove Add Remove				
4) Change Add				
Remove			-	
5) Change Add				
Remove				
6) Change Add				
Remove				
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)		
Changes should be noted	in the fol	lowing manner. Currently, Shannon Singley is listed	as TR. There is a change.	
Shannon Singley will nov	v be calle	d Shannon Martin. This should be noted as		
Remove Shannon Singley TR				
Add Shannon Martin TR				

•					
					
					
			·		
					
·	•		.		
					
			•	_	
The date of each amendment(s) adoption date this document was signed.	n:			, if other th	an the
Effective date if applicable:					
	(no more than 90 days	after amendment fi	le date)		

<u>Note:</u> 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.

Adoption of Amendment(s)

₽	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated March 10, 2021
	Signature Own Malud
	(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)
	(Typed or printed name of person signing)
	(Title of person signing)