(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
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(Document Number)	
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Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2009

Natalie and Jeffrey French A Little Schoolhouse P.O. Box 326 Parrish, FL 34219

SUBJECT: A LITTLE SCHOOLHOUSE CHRISTIAN MONTESSORI INC.

Ref. Number: N06000002805

We have received your document for A LITTLE SCHOOLHOUSE CHRISTIAN MONTESSORI INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 709A00018006

,

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: A Li++le	Schoolhouse Chi	ristion Montessori Inc
DOCUMENT NUMBER: NO 600	000002805	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
NATALIE A	Energh	
(Name of	Contact Person)	······
A Little Sch	mothouse and	
(Firm	oolhouse and	· ·
Po Box 3	26	
·		
Parrish	F 34219  Ite and Zip Code)	
(City/ Sta	ite and Zip Code)	
into @a/ittle school E-mail address: (to be use	of thouse . comed for future annual report notific	ation)
For further information concerning this matter, pleas	e call:	
Natalia French (Name of Contact Person)	at ( 941 ) 730	0.0354
(Name of Contact Person)	(Area Code & Dayti:	me Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Departmen	t of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy
3 PAID	enclosed)	(Additional Copy is enclosed)
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente	ons .

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

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of

SECRETARY OF STATE/12

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A Little Schoolh new name must be distinguishable and o	contain the word	"corporation" or "in	
breviation "Corp." or " Inc." <u>"Company".</u>	or Co. may noi	ve usea in the name.	
Enter new principal office address, if ap rincipal office address <u>MUST BE A STREE</u>		no char	sge
Enter you welling address if applicable			
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		no cha	nge
If a monding the periotered exert and/on	nogiotared office	address in Florida a	ntor the name of the
If amending the registered agent and/or new registered agent and/or the new reg			nter the name of the
If amending the registered agent and/or new registered agent and/or the new reg			nter the name of the
new registered agent and/or the new reg	istered office add		nter the name of the
<u>Name of New Registered Agent:</u>	istered office add	dress:	, Florida
<u>Name of New Registered Agent:</u>	istered office add	dress:	

# 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del> </del>			
<del></del> .			FT 10
E. <u>If ame</u>	nding or adding additional Articles, en additional sheets, if necessary). (Be sp	ter_change(s) here: ecific) .	
· · · · · · · · · · · · · · · · · · ·			

Effective date if applicable:	
Elective date to appreciable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of die	Mame Clarge members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated	7/1/09
Signature	the chairman or vice chairman of the board, president or other officer-if directors
hav	e not been selected, by an incorporator – if in the hands of a receiver, trustee, of the court appointed fiduciary by that fiduciary)
	NATALIE FRENCH
	(Typed or printed name of person signing)
	Title of person signing)
	(Title of person signing)