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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Meridian Arts	Learning Enrichment S	chool, COrp.
DOCUMENT NUM	BER: N10000001845		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	 _	Irea Harris Contact Person)	
	(Name of	Comact reison)	
		MALES	
	(Firm	n/ Company)	
	2901 N	W 183 Street	
	(,	Address)	
	Miami Ga	rdens, FL 33056	
	(City/ Sta	te and Zip Code)	
	nalini.khan@pro E-mail address: (to be use	osourcesolutions.com d for future annual report notific	cation)
For further information	on concerning this matter, pleas	e call:	
Nalini Khan		at (786)_385-93	
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	nt of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of

Meridian Arts Learning Enrichment School, Co (Name of Corporation as currently filed with the Florida Dept. of State N10000001845 (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. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the

Signature of New Registered Agent, if changing

position.

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
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach addit	or adding additional Articles, enter chional sheets, if necessary). (Be specific ation is organized exclusively for c)	onal, and
scientific pur	poses, including, for such purpose	s, the making of distribution	s to
organizations	s that qualify as exempt organization	ons under 501(c)(3) of the Ir	iternal Revenue
Code, or corr	responding section of any future fe	deral tax code.	<u> </u>
			
Upon the dis	solution of the organization, assets	s shall be distributed for one	or more exempt
purposes wit	hin the meaning of section 501(c)(3) of the Internal Revenue C	code, or
correspondin	g section of any future federal tax	code, or shall be distributed	to the federal
government,	or to a state or local government,	for a public purpose. Any su	ıch assets not
disposed of s	shall be disposed of by the Court o	f Common Pleas of the cour	nty in which the
principal offic	ce of the organization is then locate	ed, exclusively for such purp	oses or to
such organiz	ation or organizations, as said Cou	urt shall determine, which are	e organized
and operated	d exclusively for such purposes.		
			. <u>.</u>
			· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s	s) adoption: $2 \cdot 11 \cdot 2011$
	(date of adoption is required)
Effective date if applicable: _	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro-	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or me adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated 2	11. 2011 Adrae III assa
(By t	he 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)
,	Andrea Altarris
	(Typed or printed name of person signing)
	Fresident
	tainder / Officer
	(Title of person signing)

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