

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
<u> </u>	. (O	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT MA	AIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
	J. HORNE	
	APR 2 3 2024	
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## **COVER LETTER**

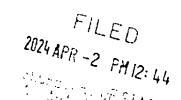
TO: Amendment Section Division of Corporations

NAME OF CORPORATION		chool of Excellence, I	nc.		
	4000010040				
The enclosed Articles of Amen		mitted for filing.			
Please return all correspondenc	e concerning this matt	er to the following:			
Omega Hagan					
		(Name of Contact P	erson)		
Barbara's Kitchen School of Ex	cellence, Inc.				
	· · · · · · · · · · · · · · · · · · ·	(Firm/ Compan	y)		
17050 N. Hwy. 301			•		
• • • • • • • • • • • • • • • • • • • •		(Address)			_
Citra, FL 32113					
		(City/ State and Zip	Code)		
posimo@aol.com					
E-m	ail address: (to be use	d for future annual re	port notificatio	n)	
For further information concern	ning this matter, please	e call:			
Norman Powell		at	954	624-5213	
(N	ame of Contact Persor			(Daytime Telephone Number)	
Enclosed is a check for the foll	owing amount made p	ayable to the Florida	Department of	State:	
\$35 Filing Fee □	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certii is Certii (Addi	0 Filing Fee ficate of Status fied Copy (tional Copy is osed)	
Mailing Add	lress .	<u>St</u>	reet Address		

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 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



Barbara's Kitchen School of Excellence, Inc.

Dairala's Richell School of Excellence, inc.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of Corporation as currently filed with the	Florida Dept. of State)	30.
N14000010040		
(Docume	ent Number of Corporation (if ki	nown)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated	l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u> )	
	·	·-··
D. If amending the registered agent and/or regist new registered agent and/or the new registere		enter the name of the
	Omega Hagan	
	17050 N. Hwy 301	
New Registered Office Address:	(FI	lorida street address)
	Citra	Florida 3211
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.		the obligations of the position.
_	Signature of New Regist	Gan ered Avent, 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.

Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	Address
I) Change Add	<u>P</u>	Barbara L. Fleming	17050 N. US HWY 301 Citra, FL 32113
X Remove			
2) Change Add	<u>D</u>	James Turner	17050 N. US HWY 301 Citra, FL 32113
X Remove 3 ) Change Add X Remove	<u>D</u>	Minnie Thomas	17050 N. US HWY 301 Citra, FL 32113
4) Change X Add	<u>D</u>	Rhonda Evans	17050 N. US HWY 301 Citra, FL 32113
Remove			
5) X Change Add	<u>P</u>	Omega Hagan	17050 N. US HWY 301 Citra, FL 32113
Remove			
6) Change Add			
Remove			
E. If amending or additional sheet		icles, enter change(s) here: (Be specific)	
	=1		
	-1. ton.	<del></del>	

The date of each amendment(s) adoption: N/A , if other than th
date this document was signed.
Effective date if applicable:  (no more than 90 days after amendment file date)
(no more than 90 days after amendment file 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) (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.

have not been selected, by	airman of the board, president or other officer-if directors an incorporator – if in the hands of a receiver, trustee, or
Signature Owegue (By the chairman or vice ch have not been selected, by	airman of the board, president or other officer-if directors an incorporator – if in the hands of a receiver, trustee, or
(By the chairman or vice ch have not been selected, by	airman of the board, president or other officer-if directors an incorporator – if in the hands of a receiver, trustee, or
have not been selected, by	airman of the board, president or other officer-if directors an incorporator – if in the hands of a receiver, trustee, or
outer court appointed fiduc	ciary by that fiduciary)
Omega Hagan	
	(Typed or printed name of person signing)
President	