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TALLAHASSEE, FISHAE.

Amendico

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATIO                     | Early Learning Foun                         | ndation, Inc.                                                        |                   |                                                                                |              |
|----------------------------------------|---------------------------------------------|----------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------|--------------|
|                                        | N15000010010                                |                                                                      |                   |                                                                                |              |
| DOCUMENT NUMBER: _                     |                                             |                                                                      |                   |                                                                                |              |
| The enclosed Articles of Amo           | endment and fee are sub                     | mitted for filing.                                                   |                   |                                                                                |              |
| Please return all corresponde          | nce concerning this matte                   | er to the following:                                                 |                   |                                                                                |              |
| Bruce N. Meyer                         |                                             |                                                                      |                   |                                                                                |              |
| ************************************** |                                             | (Name of Contact I                                                   | Person)           |                                                                                | •            |
| Early Learning Foundation,             | Inc.                                        |                                                                      |                   |                                                                                |              |
|                                        |                                             | (Firm/ Compar                                                        | ny)               |                                                                                | <del></del>  |
| 5019 Cerromar Dr.                      |                                             |                                                                      |                   |                                                                                |              |
|                                        |                                             | (Address)                                                            |                   |                                                                                |              |
| Naples, FL 34112                       |                                             |                                                                      |                   |                                                                                |              |
|                                        |                                             | (City/ State and Zip                                                 | Code)             |                                                                                |              |
| bmeyer3@gmail.com                      |                                             |                                                                      |                   |                                                                                |              |
| E-                                     | mail address: (to be used                   | for future annual re                                                 | port notification | on)                                                                            |              |
| For further information conce          | erning this matter, please                  | call:                                                                |                   |                                                                                |              |
| Bruce N. Meyer                         |                                             | g                                                                    | 239<br>it         | 732-8877                                                                       |              |
| (                                      | Name of Contact Person                      |                                                                      | (Area Code)       | (Daytime Telep                                                                 | hone Number) |
| Enclosed is a check for the fo         | ollowing amount made pa                     | yable to the Florida                                                 | Department of     | f State:                                                                       |              |
| □ \$35 Filing Fee                      | □\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fe<br>Certified Copy<br>(Additional copy<br>enclosed) | is Certi<br>(Add  | 50 Filing Fee<br>ificate of Status<br>ified Copy<br>litional Copy is<br>losed) |              |

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| Early Learning Foundation, Inc.                                                                                     |                               |                                       |                |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|----------------|
| (Name of Corporation as curren                                                                                      | tly filed with the Fi         | orida Dept. of State)                 |                |
| N15000010010                                                                                                        |                               |                                       |                |
| (Document Numb                                                                                                      | per of Corporation (if        | known)                                |                |
| Pursuant to the provisions of section 617.1006, Florida Statutamendment(s) to its Articles of Incorporation:        | es, this <i>Florida Not I</i> | For Profit Corporation adopts the     | following      |
| A. If amending name, enter the new name of the corporat                                                             | ion:                          |                                       |                |
| N/A                                                                                                                 |                               |                                       | The new        |
| name must be distinguishable and contain the word "corpora"<br>"Company" or "Co." may not be used in the name.      | ution" or "incorpora          | ted" or the abbreviation "Corp." o    | or "Inc."      |
| B. Enter new principal office address, if applicable:                                                               | N/A                           |                                       |                |
| (Principal office address MUST BE A STREET ADDRESS                                                                  | )                             | ALL)                                  | 2015 (         |
|                                                                                                                     |                               | = = = = = = = = = = = = = = = = = = = | CI             |
|                                                                                                                     |                               |                                       | <del>- N</del> |
| C. Enter new mailing address, if applicable:                                                                        | N/A                           | Çacı<br>Ça⊃t                          | 730            |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )                                                                  |                               | <u> </u>                              | <u> </u>       |
|                                                                                                                     |                               | Sh                                    | -:-            |
|                                                                                                                     |                               | ©m<br>P                               | 7              |
|                                                                                                                     |                               |                                       |                |
| D. If amending the registered agent and/or registered offi                                                          |                               | a, enter the name of the              |                |
| new registered agent and/or the new registered office a                                                             | address:                      |                                       |                |
| Name of New Registered Agent:                                                                                       |                               |                                       |                |
| <del></del>                                                                                                         |                               | (Florida street address)              |                |
| New Registered Office Address:                                                                                      |                               |                                       |                |
| N/A                                                                                                                 |                               | , Florida                             |                |
|                                                                                                                     | (City)                        | (Zip Code)                            |                |
| New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fa |                               | pt the obligations of the position.   |                |
|                                                                                                                     | Signature of New Reg          | istered 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 <math>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.

| Type of Action (Check One)         Title (Check One)         Name         Address           1) Change | Example: X_Change X_Remove X_Add | PT John Do<br>V Mike Jo<br>SV Sally Sr  | nes  |         |
|-------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------|------|---------|
|                                                                                                       | Type of Action<br>(Check One)    | <u>Title</u>                            | Name | Address |
|                                                                                                       |                                  | <del></del>                             |      |         |
| Add                                                                                                   |                                  |                                         |      |         |
| Remove 3)Change                                                                                       |                                  | <del></del>                             |      |         |
| AddRemove  4)Change                                                                                   | Remove                           |                                         |      |         |
| 4)Change                                                                                              | Add                              |                                         |      |         |
| AddRemove  5)Change                                                                                   |                                  |                                         |      |         |
| S)       Change         Add          Remove          6)       Change          Add                     | Add                              | *************************************** |      |         |
| Add                                                                                                   |                                  |                                         |      |         |
| 6) Change                                                                                             | Add                              |                                         |      |         |
| Add                                                                                                   |                                  |                                         |      |         |
| D amazua                                                                                              |                                  | <del></del>                             |      |         |

| (attach additional sheets, if necessary). (Be specific)                                                        |
|----------------------------------------------------------------------------------------------------------------|
| 1. Delete Article 12 of the original Articles and replace it with the following new Article 12:                |
|                                                                                                                |
| 12. Dissolution: Upon dissolution the remaining assets of the corporation shall be distributed by the Board of |
| Directors only for permitted Purposes as described in Article 4.                                               |
| 2. Delete Article 11, item c. of the original Articles and replace it with the following new item c.:          |
| e. not make any taxable expenditure as defined in Section 4945(d).                                             |
|                                                                                                                |
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|                                                                                                                |

| The date of each amendment(s) adoption:                                                                                                                                           | , if other than the      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| date this document was signed.                                                                                                                                                    |                          |
| Effective date <u>if applicable</u> :                                                                                                                                             |                          |
| (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 we document's effective date on the Department of State's records. | ill not be listed as the |
| 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.                                              | 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                                                                                                                                                                             |                          |
| Signature Bun h. Menze                                                                                                                                                            |                          |
| (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)                                                                                                                                |                          |
| Bruce N. Meyer                                                                                                                                                                    |                          |
| (Typed or printed name of person signing)                                                                                                                                         |                          |
| President and Director                                                                                                                                                            |                          |
| (Title of person signing)                                                                                                                                                         |                          |