N21000006006

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/State/21p/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(00001110111111011110111111111111111111
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



600417135816

10.16/23 01040-001 **85.00

1973 0410 PN 12: 40



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Rain Lily Montesso	ni School, Inc.		
DOCUMENT NUMBER:	N21000006006			
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all correspond	ence concerning this mat	ter to the following:		
Kathleen McClurg				
		(Name of Contact P	crson)	
Rain Lily Montessori School	ol			
		(Firm/ Company	y)	
920 Division St.				
		(Address)		
Fernandina Beach, FL 320	3-4			
		(City/ State and Zip	Code)	
kati.mcclurg@rainlilymont	essori.org			
	E-mail address: (to be use	ed for future annual re	port notificatio	n)
For further information con	cerning this matter, pleas	e call:		
Kati McClurg		nt	(904)	456-7538
	(Name of Contact Perso			(Daytime Telephone Number)
Enclosed is a check for the	following amount made j	sayable to the Florida	Department of	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif is C e rtif (Addi	0 Filing Fee icate of Status icat Copy tional Copy is used)
Mailing A	Address	St	reet Address	:-m

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

Street Address
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

Rain Lity Montessori School, Inc.	(5)		
Name of Corporation as currently filed with the Florida D	ept. of State)		
N21000006006			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the follow	ing	
4. If amending name, enter the new name of the corporation	<u>оп:</u>		
	The n		
come must be distinguishable and contain the word "corporati	ion" or "incorporated" or the abbreviation "Corp." or "Inc	. "	
*Company" or "Co." may not be used in the name. 3. Enter new principal office address, if applicable:	2898 Beiley Rend	202 -	
Principal office address MUST BE A STREET ADDRESS)		تنة (2	SES
	Fernandine Beach FL 32	- 12 - 1 - 12 - 10 - 12 - 10 - 12 - 10 - 12 - 10 - 12 - 10 - 12 - 12	<i>ت.</i>
_	Ternandina Beech Te Jo	× 4 ,	,
. —		$\overline{\rho}$	5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Silve	_ =	Ċ,
		$\dot{\omega}$	-
-		Ţ	
		_	
A Mary and American de Office	and drawn in Florida enter the name of the		
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ad 	ldress:		
Name of New Registered Agent:			
	and the state of t		
New Registered Office Address:	(Florida street address)		
New hegistered Office maneta.			
	(City) Florida (Zip Code)	_	
	(City) (Zip Code)		
ew Registered Agent's Signature, if changing Registered A nereby accept the appointment as registered agent. I am fun	Agent: illiar with and accept the obligations of the position.		
Sion	nature of New Registered 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)

Example:

Please note the officer/director title by the first letter of the office title:

 $P = President; \ \widetilde{V} = Vice \ President; \ \widetilde{T} = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief .$ 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.

<u>A.</u> Change	<u>P1 Joh</u>	<u>n Loe</u>			
X Remove	<u>V</u> <u>Mil</u>	Mike Jones			
X Add	<u>SV</u> <u>Sal</u>	ly Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change		Robyn Nemes	12335 N. KYLFNE CANYON DRI		
			ORO VALLEY, AZ 85755		
X Remove					
2) Change	S	Linda Batts	28576 Vieux Carre		
Add			Yulee, FL. 32097		
X Remove 3.) Change		·			
Add					
Remove			<u> </u>		
4) Change			_		
Add					
Remove					
5) Change		-			
Add					
Remove					
6) Change					
Add					
Remove					

		<u> </u>
		
		
		<u> </u>
		
	CE-2022	
The date of each amendment(s) adoption: 117 date this document was signed.	//07/2023	_, if other than the
Effective date if applicable: 11/07/2023		
(no m	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not State's records.	be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the number of votes east for the 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 11/07/2023 V. H. Ann. 1 May (11/202)
Signature
Kathleen I. McClurg
(Typed or printed name of person signing)
President
(Title of person signing)