## N21000008032

| (Re                     | questor's Name)   |             |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
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| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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08/26/21--01017--015 \*\*35.00



A. Butler 917/21

## COVER LETTER

Division of Corporations onnection Schools Inc NAME OF CORPORATION: 21/XXXX9032 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) Mrstan Learning Center Gardenia Loss NAT CONTHERAPT @ omail. (om E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachal Macroff
(Name of Contact Person) at 954 393-4639
(Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Street Address Mailing Address

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

**TO:** Amendment Section

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

FILED

| Connection  | Schools   | Înc.                       | 2021 AUG 26                       | _PN_3: 2     |
|---|---|----------------------------|-----------------------------------|--------------|
| (Name of Corporation as currently f   | <u>iled with the Florida D</u>                    | ept. of State)             |                                   | - 4.         |
| N21   | 000008032   | ,<br><del></del>           |                                   | QF STAT      |
|   | (Document Numbe                                   |                            |                                   | जिस्से होते. |
| Pursuant to the provisions of section 6 amendment(s) to its Articles of Incorpo |   | s, this <i>Florida Not</i> | For Profit Corporation adopts the | following    |
| A. If amending name, enter the new  |   |                            |                                   |              |
| name must be distinguishable and cont   | Learning C  | enter In                   | C.,                               | _The new     |
| name must be distinguishable and com<br>"Company" or "Co." may not be used      | ain the word "dolywrati<br><u>I in the name</u> . | ion" or "incorpora         | ted" or the abbreviation "Corp."  | or "Inc."    |
| B. Enter new principal office address (Principal office address MUST BE A       |   |                            |                                   |              |
| C. Enter new mailing address, if an (Mailing address MAYBE A POS                |   |                            | NA                                |              |
| D. If amending the registered agent<br>new registered agent and/or the          |   |                            | da, enter the name of the         |              |
| Name of New Regist  | ered Agent:                                       |                            | - A                               |              |
| <u>New Registered Of</u>  | Gee Address:                                      |                            | (Florida street address)          |              |
|   |   |                            | <b>5</b>                          |              |
|   |   | (City)                     | , Florida<br>(Zip Code)           |              |
| New Registered Agent's Signature, it hereby accept the appointment as reg       |   | Agent:                     | ·                                 |              |
|   | Sig   | znature of New Res         | 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 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: $\underline{X}$ Change $\underline{X}$ Remove $\underline{X}$ Add | $\overline{\underline{\mathbf{V}}}$ $\underline{\underline{\mathbf{V}}}$ | ohn Doe<br>tike Jones<br>ally Smith               | NA        |         |
|--|--|---|-----------|---------|
| Type of Action (Check One)   | <u>Title</u>   | <u>Name</u>                                       | 1 - 0     | Address |
| 1) Change Add  |  |   |           |         |
| Remove   |  |   |           |         |
| 2) Change Add  |  |   |           |         |
| Remove 3 ) Change Add Remove   |  |   |           |         |
| 4) Change Add  |  |   |           |         |
| Remove   |  |   |           |         |
| 5) Change Add  |  |   |           |         |
| Remove   |  |   |           |         |
| 6) Change<br>Add   | <del></del>  |   |           |         |
| Remove   |  |   |           |         |
| E. If amending or addir<br>(attach additional shee                         | ng addition:<br>ets, if necess   | al Articles, enter change(<br>ary). (Be specific) | (s) here: |         |
|  |  | \   |           |         |
| -  |  | MIL   |           |         |
|  |  |   |           |         |
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| The date of each amendment(s) adoption:7[2[202]   | _, if other than the |
| date this document was signed.  |                      |
| The date of each amendment(s) adoption: 7/2/2024  date this document was signed.  T/2/2024  Effective date if applicable: 7/2/2024  (no more than 90 days after amendment file date)    |                      |
| (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 will not document's effective date on the Department of State's records. | 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.  |                      |

•

| Ø | 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 82121  |  |  |  |
|   | Signature  |  |  |  |
|   | have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |  |  |  |
|   | Rachel Macroff   |  |  |  |
|   | (Typed or printed name of person signing)  |  |  |  |
|   | offrer president   |  |  |  |
|   | (Title of person signing)  |  |  |  |