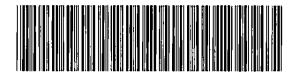
N26617

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COVER LETTER

TO: Amendment Section **Division of Corporations**

| NAME OF CORPORATION | | tion for Child Care M | anagement, In | c. |
|-------------------------------|---|---|--------------------|--|
| DOCUMENT NUMBER: | N26617 | | | |
| The enclosed Articles of Am | | mitted for filing. | | |
| Please return all corresponde | ence concerning this matt | er to the following: | | |
| Dr. Glen R. Mort | | | | |
| | | (Name of Contact Pe | rson) | · · · · · · · |
| The Florida Association for | Child Care Management | , Inc. | | |
| | | (Firm/ Company |) | |
| 4840 Dairy Rd. Suite 101 | | | | |
| | | (Address) | | |
| Melbourne, FL 32904 | | | | |
| | | (City/ State and Zip (| Code) | |
| gmort@faccm.org | | | | |
| - F | -mail address: (to be use | d for future annual rep | ort notification | n) |
| For further information cond | erning this matter, please | e call: | | |
| Selena McNeely | | | 561 | 313-8230 |
| | (Name of Contact Persor | at | | (Daytime Telephone Number) |
| Enclosed is a check for the f | ollowing amount made p | ayable to the Florida I | Department of | State: |
| □ \$35 Filing Fee | ■\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed) | Certifi Certifi | 0 Filing Fee icate of Status ied Copy tional Copy is osed) |
| Mailing Address | | Str | eet Address | |

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

The Florida Association for Child Care Management, Inc.

FILED

| ent Numbe | Dept. of State) er of Corporation (if known) es, this Florida Not For Profit Corpora | 2024 APR 8 |
|---------------------|--|--|
| ida Statute | es, this <i>Florida Not For Profit Corpord</i> | 7/12 |
| ida Statute | es, this <i>Florida Not For Profit Corpord</i> | ation adopts the following |
| | | ution adopts the following |
| corporati | | |
| | <u>ion:</u> | |
| | | The new |
| | ion" or "incorporated" or the abbrevi | |
| ole: | Not Applicable | |
| ADDRESS) | Not Applicable | |
| | Not Applicable | |
| <u>8<i>0X</i></u>) | Not Applicable | |
| | Not Applicable | |
| | | |
| tered offic | e address in Florida, enter the name | e of the |
| | | |
| Dr. Glen I | R. Mort | |
| 4840 Dair | y Rd. Suite 101 Melbourne, FL 32904 | |
| | (Florida street address) | } |
| Melboum | e _t | 32904 Florida |
| | (City) | (Zip Code) |
| I am fan | niliar with and accept the phligations of | |
| | de: DDRESS BOX tered office a Dr. Glen I 4840 Dair Melbourn egistered I am fan | Not Applicable Dot Applicable Not Applicable |

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 | | | |
|--|--------------|---|--|
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change Add | D | Jennifer Shields | 4840 Dairy Rd. Suite 101 Melbourne, FL 32904 |
| × Remove | | | A |
| 2) Change Add | D | Dr. Glen R. Mort | 4840 Dairy Rd. Suite 101 Melbourne, Fl. 32904 |
| Remove 3) Remove Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addin (attach additional shee | | cles, enter change(s) here: (Be specific) | |
| Not Applicable | | | |
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| The date of each amendment date this document was signed | t(s) adoption: Not Applicable, if other than |
| | March 8, 2024 |
| Effective date if applicable: | (no more than 90 days after amendment file date) |
| | his block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records. |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/w was/were sufficient for a | were adopted by the members and the number of votes east for the amendment(s) pproval. |

| adopted by the board of directors. March 24, 2024 Dated |
|---|
| Signature (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) |
| Tripp Crouch |
| (Typed or printed name of person signing) |
| President |

(Title of person signing)