

P09000070162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

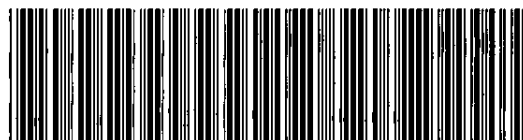
(Business Entity Name)

(Document Number)

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11/17/10--01009--016 \*\*35.00

DEC - 1 AM 8:12

FILED

Amend.

12-02-10

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
10 DEC -1 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 22, 2010

MARTYNA BAGINSKA  
SOUTH FLORIDA MONTESSORI ACADEMY  
20503 NW 8TH AVE.  
MIAMI GARDENS, FL 33169

SUBJECT: SOUTH FLORIDA MONTESSORI ACADEMY, INC.  
Ref. Number: P09000070162

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

PLEASE INDICATE WHETHER YOU ARE ADDING OR REMOVING THE OFFICER/DIRECTOR LISTED IN THE DOCUMENT. STAYS THE SAME, ONLY ADDRESS IS CHANGING

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 610A00027369

ONLY CHANGING ADDRESS  
OF CORP. & ADDRESS OF REG.  
AGENT

**COVER LETTER**

**TO:** Amendment Section  
- Division of Corporations

**NAME OF CORPORATION:** South Florida Montessori Academy Inc.

**DOCUMENT NUMBER:** P09000070162

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martyna Baginska

Name of Contact Person

South Florida Montessori Academy

Firm/ Company

20503 NW 8 Ave

Address

Miami Gardens, FL. 33169

City/ State and Zip Code

Martyna.Baginska@sflma.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martyna Baginska

Name of Contact Person

at ( 305 ) 903-6782

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 &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**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

South Florida Montessori Academy, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000070162

(Document Number of Corporation (if known))

FILED  
DEC - 1 AM 8:12  
STATE OF FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

642 NW 3 Ave

Fort Lauderdale, FL 33311

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

642 NW 3 Ave

Fort Lauderdale, FL 33311

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

642 NW 3 Ave

New Registered Office Address:

(Florida street address)

Fort Lauderdale

(City)

Florida 33311

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature 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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	Martyna Baginska	642 NW 3 Ave Fort Lauderdale, FL 33311	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

*(NEW ADDRESS ONLY)*

*> neither changing address only*

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 11/15/2010

(date of adoption is required)

Effective date if applicable: 11/15/2010

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

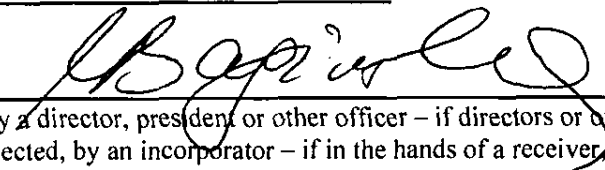
by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 11/15/2010

Signature

  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Martyna Baginska

(Typed or printed name of person signing)

President / Director

(Title of person signing)