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An

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION: CLARCONA PRI	E SCHOOL, INC		
DOCUMENT NUM	MBER: P11000087844			
	es of Amendment and fee are so	ubmitted for filing.		
Please return all cor	respondence concerning this ma	atter to the following:		
	FOZIA ANDARGE			
	 	Name of Contact Perso	n	
	FM FINANCIAL SERVICE	S, INC.		
		Firm/ Company		
	1510 E. COLONIAL DR. ST	ΓE. 210		
		Address		
	ORLANDO, FL 32803			
		City/ State and Zip Cod	e	
	FOZIA@FMFINANCIAL.C	ОМ		
	E-mail address: (to be u	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
FOZIA ANDARGE		407 at () 895-9545 de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	_
Enclosed is a check I	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Fiting Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

οſ CLARCONA PRE SCHOOL, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P11000087844 (Document Number of Corporation (if known) 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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: (City)

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

Signature of New Registered Agent, if changing

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

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)

6) ____ Change

Add

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: <u>PT</u> X Change John Doe X Remove \underline{V} Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) 7169 WILDSTRAWBERRY RUN VΡ JUSTINA ANIAPAM 1) ____ Change WINTER GARDEN, FL 34787 __ Add ____ Remove 2) ____ Change ____ Add Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change ____ Add Remove 5) ____ Change ____ Add ____ Remove

tach additional sheets, if necessary). (Be specific)	
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n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	-
	-:

* * * * * * * * * * * * * * * * * * * *	
The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date if applicable:	(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 document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by MARTHA BAADU	•
V7	(voting group)
10/30/20. Dated	Maria de la companya della companya
(By a selec	director, president or other officer – if directors or officers have not been ed, by an incorporator – if m the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	MARTHA BAADU
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)