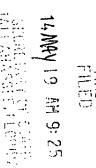
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Status

Office Use Only



05/19/14--01040--007 **43.75



C. LEWIS
JUN 3 2014
EXAMPLER

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Montessori Kids Learning Center I'm
DOCUMENT NUMBER: P13000057112
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Larysa M Druzhynina Name of Contact Person Live Oak Montessori School Firm/Company
Live Oak Montessori School
Firm/ Company
800 W Lake mary Blud
Sanford FL 32773 City/ State and Zip Code
-Unford the 32 1-13
City/ State and Zip Code
colley 624 Dhotmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Larysa M Drushynina at (321) 926.3557 Name of Contact Person Area Code & Daytime Telephone Number
- Name of Contact Person - Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment

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	Articles of	Incorporation	14/WAY 19 An 3. 20
montessori	Kids	dearning	14MAY 19 AH 9: 25
(Name of Corporation as currently	filed with the	e Florida Dept. of State)	
<u>P13000057</u>			
(Document Number	of Corporation	n (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, th	nis <i>Florida Profit Corpora</i>	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the Live Dak Mon name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Cow word "chartered," "professional association," or the	tesso ord "corpora rp," "Inc," or	tion," "company," or "i r "Co". A professional c	ncorporated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	8 <i>0X</i>)	800 W 1 Sanford 3277	Lake mary Blud 1 FL 3
D. If amending the registered agent and/or registered agent and/or the new registered			ne name of the
Name of New Registered Agent			
	(Florida	street address)	
New Registered Office Address:			lorida
	(C	ity)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			gations of the position.

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)

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	PT	John D	<u>loe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	<u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change Add Remove	<u></u> P	_	Larysa M Druzheyr	Mary Blud Samford FL 32773
2) Change Add Remove	<u>v</u> s	<u> </u>	<u>Man'ya Sakhno</u>	9914 River Pines Co Orlando FL 32825
Change Add Remove				
4) Change Add Remove				
5) Change Add Remove		_		
6) Change Add Remove		_	- LIBRO	

ttach additional sheets, if necessary).	
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	<u> </u>
an amendment provides for an evel-	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
orovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
orovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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orovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: ____, if other than the date this document was signed. Effective date if applicable: 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 (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 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) Larysa M Druzhynina
(Typed or printed name of person signing) President
(Title of person signing)