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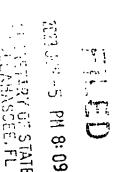
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P. HUNT 06/05/23

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: LANE AVENUE CHILD DEVELOPMENT ELITTEE
DOCUMENT NUMBER: P1500007254
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Henry Long Name of Conduct Person LANZ ANENDE CHILD THEY CENTED Firm/ Company [Ulod LANZ AVENUE SOTTH Address SACKSONUILE FL 32710 One word One word ACCOMPANY City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
Henry Long at 904 705-9110 Name of Contact Rolson 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 Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, Fl. 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	ion as currently filed with the Florida Dept. of State)	
	007254	
	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amount	endm e nt(s) to
A. If amending name, enter the new name of the co	orporation:	
NIA	The	new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation "C " or "Co". A professional corporation name must contain the	lorp"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	e: A A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		S. Year
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the 9	<u>π</u>
new registered agent and/or the new registered	office address:	
Name of New Registered Agent 7	<u>A</u>	
,		
	(Florida street address)	
New Registered Office Address:	, Florida(City) (Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the obligations of the position.	
	nature of New Registered Agent, if changing	

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607 0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	_\$_	HOILISA PICHARTSON	PO BOX 61411
<u></u> ≯ Add			JACKBONVILLE, F
Remove			30 236
2) Change	_Y	LETTERCE MOHAMON AP	PO ROX 61411
Add			SACKSONIUL, FO
Remove 3) Change			32734
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		-	
6) Change			
Add			
Remove			

f amending or ad	lding additional Art	ticles <u>, en</u> ter char	ige(s) here:			
Attach additional :	sheets, if necessary).	(Be specific)				
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t an amendment provisions for in	provides for an exc plementing the am	<u>hange, rectassiti</u> endment if not c	cation, or cance ontained in the	<u>amendment its</u>	<u>a snares,</u>	
(if not applice	able, indicate N/A)	endinent is not e	omanica in the	wite the transfer to	<u>v</u>	
•						
						<u> </u>
	· 	-	-			·
		•		•	· · ·	

The date of each amendment(s) adopt	ion: 5/25/23	, if other than the
date this document was signed.	, ,	
Effective date if applicable:	(no more than 90 days after amendment file	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	I by the incorporators, or board of directors without sh	vareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	I by the shareholders. The number of votes cast for the ent for approval.	e amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The fin h voting group entitled to vote separately on the amen	lowing statement adment(s):
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Signature	or president or other officer – if directors or officers	have not been
	the incorporator - if in the hands of a receiver, trustee	e, or other court
appoinica i	iducia ry by m at fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	TREASUR	
	(Title of person signing)	