P/6000812753

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C. CARROTHERS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2016

MARIA CASTILLO DE ORTEGA 6509 SW 28 ST MIAMI, FL 33155

SUBJECT: EPD SCHOOL CORP Ref. Number: P16000012753

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

The attached form must be completed in order to file the document.

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) 245-6050.

Cathy A Carrothers Regulatory Specialist

Letter Number: 316A00020600

COVER LETTER

TO:	Amendment Section Division of Corporations			•	
SUBJ	EPD SCHOOL CORP				
	Name of (Corporat	ion		
DOC	CUMENT NUMBER: P16000012753	·			<u> </u>
The e	enclosed Amendment and fee are submitte	d for fil	ing.		
Please	se return all correspondence concerning thi	s matte	r to the following	ng:	
Maria	a Leticia Castillo de Ortega				
	Name of Contact Person				
EPD S	School Corp				
	Firm/Company	· -			
6509 8	SW 28 St				
	Address				
Miami	ni, Fl 33155				
	City/State and Zip Code	•			
	Tetty @ epd mont = ssorische E-mail address: (to be used for future annual i	. (oon	Com		
	E-mail address: (to be used for ruture annual i	report no	ouncation)		
For fi	further information concerning this matter,	please	call:		
Oscar	r R Ortega	786 t (333 9523		
	Name of Contact Person	Area () Code & Daytime	Teleph	one Number
Enclo	osed is a check for the following amount:				
Xxx	\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	البيا	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
		reet Ac			
			ent Section of Cornorations		
IZIVIN	SOUTH OF CARDON SHOUS	IVINIIII	en kontantanung		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: EPD S	chool Corp	
DOCUMENT NUMBI	ATION: <u> </u>	00 12753	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	0200	R. Ooteg	د
-		Name of Contact P	erson
_	VS095V	28 St M	iami F)
		Miani, F	33 155
-	©5) < 3 < 8 vices E-mail address: (to be us	City/ State and Zip	
	E-mail address: (to be us	sed for future annual re	port notification)
For further information	concerning this matter, pleas	se call:	
Osiar R	Ortego	tat	86 3359523
Name of	Contact Person	Are	a 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 i enclosed)	Certificate of Status
Amer Divis P.O. 1	ng Address Idment Section Ion of Corporations Box 6327 nassee, FL 32314	Ai Di Cl	reet Address mendment Section ivision of Corporations ifton Building 661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EPD School Corp	>			_	
(Name of Corporat	ion as currently fi	iled with the Florida I	Dept. of State)		
P16 0000	12753				
(Docur	ment Number of C	orporation (if known)			
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Flo	orida Profit Corporatio	n adopts the follo	wing amer	ndment(s) to
A. If amending name, enter the new name of the co					
EPD Montessori &	ichool Co	+12		The	new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," o," "Inc," or "Co	"company," or "inc ". A professional cor			
B. Enter new principal office address, if applicable	Δ1				**
(Principal office address MUST BE A STREET AD)				<u> </u>	<u> </u>
					4- 1 ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)			\$	1: cp
D. If amending the registered agent and/or registe new registered agent and/or the new registered Name of New Registered Agent		s in Florida, enter the	name of the		
					
	(Florida street	address)			
New Registered Office Address:	//	······································	, Florida	Zip Code)	
	(3)	ity)	{ -	zip Code)	
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		h and accept the obliga	itions of the position	on.	
Cin	nature of Nau Pag	ictored Agent if chang	ina		

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	<u>PT</u>	John Do	<u>e</u>		•
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name	<u> 4</u>	Address
1) Change				_	
Add				_	
Remove					
2) Change		-		_	
Add				-	
Remove					
3) Change				. <u> </u>	
Add				_	
Remove				_	
. 4) Change				. <u> </u>	
Add				_	
Remove				-	
5) Change				. <u> </u>	
Add				_	
Remove				_	
6) Change					
Add				_	
P. P				_	

Attach additiona	dding additional Articl sheets, if necessary).	(Be specific)			
					· · · · · · · · · · · · · · · · · · ·
,					
	 				
		 			
					-
					
	·				
f an amendmer	t provides for an excha	nge, reclassificati	on, or cancellation	n of issued shares	3
(if not appl	mplementing the amen cable, indicate N/A)	dment if not conta	ined in the amen	dment itself:	
.,	,				
			-		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (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 block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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)	·
(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.	
Dated09/30/2016	
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)	
(Typed or printed name of person signing)	<u> </u>

(Title of person signing)