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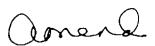
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: The Young U Mon	ntessori School Inc.	<u> </u>		
DOCUMENT NUMBER: P16000022678					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corr	espondence concerning this ma	itter to the following:			
	Albert Fernandez				
	Name of Contact Person				
	The Young U Montessori School, Inc.				
	Firm/ Company				
	999 NE 99 Street				
	Address				
	Miami Shores, FL 33138				
	City/ State and Zip Code				
	AFernandez@TheYoungU.co	วกา			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
Albert Fernancdez		786 at (201-2968 de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED
2021 OCT 14 AM 8: 0

The Young U Montessori School Inc.

(Name of Corporation as current)	y filed with the Florida Dept of State) 4/7 8: 01
P16000022678	149863ES7132
(Document Number o	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 addi-	tace in Elavida, antar the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	ret address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	th and accept the obugations of the position.
Constrain of Nov. D.	rgistered Agent, if changing
Signature of New Ke	zimerea Agent, y enanging
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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Mahmud, Susana	1050 NW 14th Street
Add			Miami, FL 33136
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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on of issued shares,	
ndment itself:	
· · · · · · · · · · · · · · · · · · ·	
	
	tion of issued shares, endment itself:

The date of each amendment(s) as	doption:	, if other than the
date this document was signed.		
	0/2021	
Effective date if applicable:	(no more than 90 days after amendment file date	?)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the an ifficient for approval.	nendment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendme	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
Albert Fernandez	••	
	(voting group)	
10/10/2021 Dated		
Signature		
	rector, president or other officer – if directors or officers have I, by an incorporator – if in the hands of a receiver, trustee, or	
	ed fiduciary by that fiduciary)	oner court
	Albert Fernandez	
	(Typed or printed name of person signing)	
	Owner, Pres	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·