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## **COVER LETTER**

**FO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Indigo Circle Inc.				
DOCUMENT NUM	P16000093214				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Melanie Smith				
	Name of Contact Person				
	Indigo Circle Inc				
		Firm/ Company			
	4055 Bee Ridge Rd				
	Address				
	Sarasota, Fl 34233				
		City/ State and Zip Cod	de		
Indi	gocircleinc@gmail.com				
		sed for future annual repor	t notification)		
For further informati	on concerning this matter, pleas	se call:			
Melanic Smith		941 at (	726-7129		
Name	e of Contact Person	Area C	ode & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment of State:		
□ \$35 Filing Fee	□\$43.75 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			t Address		
			dment Section ion of Corporations		
			n Building		
		2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ndigo Circle Inc (Name of Corporation as currently filed with the Florida Dept. of State) P16000093214 (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: Suncoast Montessori Academy Inc. 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) , Florida New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: 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

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			20 SEC
Add			
Remove			2
3) Change			
Add			
Remove			<b>⊕</b>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Articles, enter change(s) here: tach additional sheets, if necessary). (Be specific)			
tach additional sheets, if necessary). (Be specific)			
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an amendment provides for an exchange, reclassification, or cancellation of issued shap	res,	, <del>-</del>	
provisions for implementing the amendment if not contained in the amendment itself:		), E	>=
(if not applicable, indicate N/A)	≘:	; o	,
		ا ن	)
	<del>- 45 ∷</del>		)
	V.		
	<del></del>		

01/01/2020	, if other than the
The date of each amendment(s) adoption:	, if other than the
01/01/2020	
Effective date if applicable:	
(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 we document's effective date on the Department of State's records.	fill 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	
by	
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.  Signature    Molance   Molance	FILED 20 JAN-8 AM 8: 33
Melanie D. Smith (Typed or printed name of person signing)	<del></del>
Owner/President (Title of person signing)	<del></del>