(Requestor's Name)	
(requestors rearrie)	
(Address)	
(Address)	5003538
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Danuary A Musellan)	16/26/20++8:
(Document Number)	
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DEC 1 4 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Suncoast Montesso	ori Academy Inc.		
DOCUMENT NUMI	BER: P16000093214			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Melanic Smith			
		Name of Contact Person	1	
	Suncoast Montessori Academ	ny Inc.		
		Firm/ Company		
	2279 Bay St.	, ,		
		Address		
	Sarasota, Fl 34237			
		City/ State and Zip Code	e	
	indigocircleinc@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Melanie Smith		941 at (726-7129	
Name (Name of Contact Person at (941) 726-7129 Area Code & Daytime Telephone Num			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 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



2020 11 51 2:02

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2020

MELANIE SMITH 2279 BAY ST. SARASOTA, FL 34237

SUBJECT: SUNCOAST MONTESSORI ACADEMY INC.

Ref. Number: P16000093214

We have received your document for SUNCOAST MONTESSORI ACADEMY INC. 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 date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 520A00023772

Articles of Amendment to Articles of Incorporation of

Suncoast Montessori Academy 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 <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Indigo Circle Inc.	The new
name must be distinguishable and contain the word "corporation," "co "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 MUST BE A STREET ADDRESS)	023
C. Enter new mailing address, if applicable:	-1)
(Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
	C
D. If amending the registered agent and/or registered office addressive registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
Non-Project and Office Address.	ra - : 1
New Registered Office Address:(0	, Florida City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Rey	gistered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example 2) (11) (example 2) (11) (example 3) (11) (example 4) (example	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.

Example:

X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>Y</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			
Add			
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheet	additional Art s, if necessary).	(Be specific)				
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an amendment prov rovisions for implen	ides for an excl	nange, reclass	ification, or	cancellation	of issued shar	res.	
(if not applicable,	indicate N/A)		· contained ·	THE WHENCE	ment tisein		
							<u> </u>
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	1						
	,						

The date of each amendment(s) add date this document was signed.	option: Decembers 11, 2020	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	r
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 12/11	/2020	
Signature M. of	Janie O. Smith	
(By a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
2	Melanie. D. Smith (Typed or printed name of person signing)	
	President	
_	(Title of person signing)	