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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION	ON:Barrite Sunshine	Christian Academy Inc	
DOCUMENT NUMBER:			
The enclosed Articles of An		bmitted for filing.	
Please return all correspond	ence concerning this ma	tter to the following:	
Sonia	Flores		
		Name of Contact Persor	1
		Firm/ Company	·
148 N	Aaitland Avenue		
 -		Address	
Altan	nonte Springs, FL 3270		
		City/ State and Zip Code	:
sonia	ljsus@yahoo.com		
1	E-mail address: (to be us	sed for future annual report	notification)
For further information conc	eerning this matter, pleas	se call:	
Sonia Flores	100 <u>100 1</u>	at (<u>407</u>	733-0149 le & Daytime Telephone Number
Name of Cor	ntact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the f	following amount made	payable to the Florida Dept	ertment 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee E Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

La Petite Sunshine Christian Academy, Inc.

Ea Fette Suisinie Christian Academy, the.				
(Name of Corporation as current	ly filed with the Florida Dept. of Sta	<u>te</u>)		
P18000053588				
(Document Number of	of Corporation (if known)			_
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	following	g amendn	nent(s) to
A. If amending name, enter the new name of the corporation: $\mathcal{N} \setminus \mathcal{K}$			The ne	754°
name must he distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name mu	bbreviatio st contain	- n ''Согр.,	**
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/V		2021 JUL -8	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	lress in Florida, enter the name of th s:	<u></u> <u></u> <u>e</u>	PM 4: 06	
Name of New Registered Agent		<u>.</u>		
(Florida st	reet address)	-		
New Registered Office Address:	, Florida			
	(City)	(Zip C	ode)	
New Registered Agent's Signature, if changing Registered Agent	(Ciṇ)	(Zip C	ode)	
New Registered Agent's Signature, it changing Registered Agent I hereby accept the appointment as registered agent.—I am familiar	t: with and accept the obligations of the	position,		
Signature of New k	Registered Agent, if changing			

Check if applicable

☐ 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)

Example:

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	\underline{PT}	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Saily Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Sec	Jean Carlo Sanclemente	16323 Old Ash Loop
Add			Orlando, FL 32828
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<mark>amending or adding addit</mark> tach <i>additional sheets, if ne</i>	cessary). (Be specifi	ic)		
.				
				
	· · · -	<u> </u>	<u> </u>	
				
· · · · · · · · · · · · · · · · · · ·				
				
			- <u></u> -	
an amendment provides fo	or an exchange, recla	sification, or canc	ellation of issued sh	iares,
rovisions for implementing (if not applicable, indica	g the amendment if n te N/A)	ot contained in the	amenament itseii:	•
- -		·		
				
	_			<u> </u>
-	•			
				

	June 28th, 2021	
The date of each ame date this document wa	endment(s) adoption:as signed	, if other than the
Effective date <u>if appl</u>	licable:	
	(no more than 90 days after amendment file date)	
	erted in this block does not meet the applicable statutory filing requirements, this da date on the Department of State's records.	te will not be listed as the
Adoption of Amenda	ment(s) (<u>CHECK ONE</u>)	
The amendment(s) action was not requ) was/were adopted by the incorporators, or board of directors without shareholder actic uired.	on and shareholder
) was/were adopted by the shareholders. The number of votes cast for the amendment(s was/were sufficient for approval.	s)
) was/were approved by the shareholders through voting groups. The following stateme y provided for each voting group entitled to vote separately on the amendment(s):	rnt
"The number	r of votes cast for the amendment(s) was/were sufficient for approval	
by	. "	
	(voting group)	
	d D	
Date	ed	
Sigr	nature Thus The	
	(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 cour	l .
	appointed fiduciary by that fiduciary)	
	Sonia Flores	
	(Typed or printed name of person signing)	
	\mathcal{N}	
	(Title of parent duning)	
	(Title of person signing)	