## P2000018045

	(Requestor's Name)
	(Address)
	(188.033)
	(Address)
	(City/State/Zip/Phone #)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:



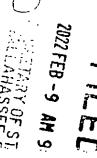


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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-**3**42-8062 • Fax (850) 222-1222

MONTESSORI REGGIO OF  CUTLER BAY INC   Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Ficitious Name File  Art. of Amend. File  Art. of Amend. File  Art. of Amend. File  RA Resignation  Dissolution   Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Status  Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Fictitious Search  Fictitious Search  Fictitious Search  Priving Record  Requested by:  Name  Date Time  UCC 1 or 3 File  UCC 11 Retrieval  Courier				
Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Fictious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert Copy Photo Copy Certificate of Goed Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Search Fictitious Search Diving Record Requested by: UCC 1 or 3 File UCC 11 Search UCC 11 Search UCC 11 Search UCC 11 Search	MONTESSORI	REGGIO OF		
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Fictitious Name File				
Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Search  Fictitious Owner Search  Driving Record  Requested by:  Name  Date  Time  UCC 11 Search  UCC 11 Search  UCC 11 Retrieval				
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Art. of Amend. File				
RA Resignation				
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Name Date Time UCC 11 Retrieval				1
Walk-In Will Pick Lin	Name	Date	Time	UCC 11 Retrieval
Walk-fill Courier Courier	Walk-In	Will Pick Up	·	Courier

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MONTESSORI RE	GGIO OF CUTLER BAY	INC
DOCUMENT NUMI	BER: P20000078045		
The enclosed Articles	of Amendment and fee are sui	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GASTON R CORTES CPA		
		Name of Contact Person	1
	KSDT & CO		
		Firm/ Company	
	9300 S DADELAND BLVD	STE 600	
		Address	
	MIAMI, FL 33126		
		City/ State and Zip Code	
	GCORTES@KSDT-CPA.CC	М	
	E-mail address: (to be us	ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
GASTON R CORTES	S, CPA	at (	670-3370
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fce	☐\$43.75 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssec, FL 32303

## Articles of Amendment to Articles of Incorporation of

MONTESSORI	DECOIO	OF CUITI	ED	DAV	DAI/C

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P20000078045	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
GOLDEN HORIZON ACADEMY OF CUTLER BAY INC	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
	>C 7
	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maining data coo many party source or many party)	50 <b>3</b>
	<u> </u>
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age.  I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Signature of New	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:

Remove

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 Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
l) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
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ng additional Articets, if necessary).	(Be specific)	<u>getaj nerv</u> .			
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rovides for an exc	hange, reclassifi	cation, or cance	ellation of issue	d shares,	
lementing the amo	endment if not c	ontained in the	amendment its	<u>elf:</u>	
le, indicate N/A)					
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	rovides for an exc	lementing the amendment if not c	rovides for an exchange, reclassification, or cancelementing the amendment if not contained in the	rovides for an exchange, reclassification, or cancellation of issue-	rovides for an exchange, reclassification, or cancellation of issued shares, lementing the amendment if not contained in the amendment itself:

i

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The date of each amendment(s	adoption:	, if other than the
date this document was signed.	2/01/2022	
Effective date if applicable:		
	(no more than 90 days after amendment file date	)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requiremen Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amondment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the air sufficient for approval.	nendment(s)
	approved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendme	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
02/01/20 Dated Signature	Milan	
sele	a director, president or other officer – if directors or officers have cted, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
	MARILYN ALONSO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del> </del>