P21000083705

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: _ MELON PATCH PRESCHOOL, INC. P21000083705 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BARBARA LUGO Name of Contact Person MELON PATCH PRESCHOOL, INC. Firm/ Company 6601 121ST AVEN UNIT J Address LARGO, FLORIDA 33773 City/ State and Zip Code TEDSHARPCPA@GMAIL.COM, E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: BARBARA LUGO at (727) 460-9928

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee. ☐\$43.75 Filling Fee & □\$43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, Ft. 32303

Articles of Amendment to Articles of Incorporation of

FILED

2021 OCT 14 PH 12 39

MELON PATCH PRESCHOOL, INC.

	Pro	SEARTING CONTRACTOR	
P21000083705	of Corporation as currently	filed with the Florida Dept. of States	7.7
	(Document Number of	Corporation (if known)	.
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, this F	Iorida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation professional corporation name must contain	The new ("Corp.," the word
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>	if applicable:		<u></u>
C. Enter new mailing address, if apple that the state of	OFFICE BOX) ad/or registered office addre	ss in Florida, enter the name of the	
new registered agent and/or the ne	SAMUEL CINTRON		
Name of New Registered Agent	5665 91ST AVE. N		
New Registered Office Address:	(Florida stree	22747	
	"(; Florida Zip Co	de
	iered agent. I am familiar wi	th and accept the obligations of the position.	
411 1 1 c 11 11			

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)

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>	John Doc	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	SAMUEL CINTRON	5665 91ST AVE N
XX Add			PINELLAS PARK, FL. 33782
Remove			
2) Change	P	SAMUEL CLINTON	5662 91ST AVE N
Add			PINELLAS PARK,FL. 33782
XX Remove		_	
Add			
Remove			·= · = · · · · · · = = - ·
4) Change			***
Add			
Remove			
5) Change	······		
Add			
Remove			
6) Change			***
Add			
Remove			

	idoption:	, if other than the
date this document was signed.	10/2021	
Effective date if applicable:		
	the more than 90 days after amendment file da	te)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
1) The amendment(s) was were acaction was not required.	opted by the incorporators, or board of directors without shar	cholder action and shareholder
The amendment(s) was were ac by the shareholders was were a	opted by the shareholders. The number of votes east for the cufficient for approval.	unendment(s)
	proved by the shareholders through voting groups. <i>The follow</i> each voting group entitled to vote separately on the amendm	
"The number of votes eas	for the amendment(s) was were sufficient for approval	
by		
	(voting group)	
10/11/21 Dated		
selecti	breetor, president or other officer - Athreetors or officers have d. by an incorporator - if in the hands of a receiver, trustee, of the diductory by that fiductory)	e not been or other court
	Barbara Lugo	
	(Typed or printed name of person signing)	***
	Vice President	
	(Title of person signing)	