P22 0000 46294

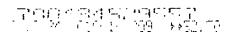


(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions to 8	Filing Officer:





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2004 ETS = 9 - ETS 4: 31



COVER LETTER

.

TO: Amendment Section Division of Corporations	
27 Islandi Corporations	
NAME OF CORPORATION: ALDERSON	re Lond Preschool Academy I
DOCUMENT NUMBER: 922000	46294
The enclosed Articles of Amendment and fee are submitted fo	r filing.
Please return all correspondence concerning this matter to the	following:
Harie Nom	of Codtact Person
3879 Shove	Sidl DVIVE Address Address 347412
E-mail address: (to be used for fute	ate and Zip Code Compul: Compure annual ceport notification)
For further information concerning this matter, please call:	
Name of Contact Person	at (689) 2340175 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	the Florida Department of State:
Certificate of Status Certif (Addit	Is Filing Fee & D852.50 Filing Fee Ged Copy Certificate of Status ional copy is Certified Copy sed) (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

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Airesome Land Preschool	1 Amalomy INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
<u> 1220000 46 294</u>	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Orlando Private Sci	100 Inc. The new
name must be distinguishable and contain the word "corporation," "c	ompany," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contain the word
• •	72
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Timesput office duaress most be A STREET ADDRESS)	1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	్ ట
(maining address into be not of the burn)	
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str.	eet address)
	·
New Registered Office Address:	, Florida (City) (Zip Code)
	•
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ish and account the obligations of the marie a
Thereby accept the appointment us registered agent. I un junitual w	in and accept the boughtions of the position.
-	
Signature of New Re	gistered 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)

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 Do	<u>De</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith_	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				
5) Change				
Add				
Remove				
б) Change				
Add				
Remove				

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)		
	<u> </u>		
			
			
	<u> </u>		
	·		
	•		
f an amendment provides for an exch	ange, reclassification, or cancellati	on of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the ame	ndment itself:	
(g not applicable, maleute tox)			
			
			_

• • • •

The date of each amendment(s) adoption: 7/8/2024, if date this document was signed.	other than the
Effective date if applicable: (no more than 00 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	pe listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and share action was not required.	holder
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 east for the amendment(s) was/were sufficient for approval	
by	
Signature (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 court appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	f M