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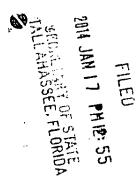
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## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

Division of Corporations				
NAME OF CORPORATION: Montessori Heritage II				
DOCUMENT NUMBER: P980009036	<u> </u>			
The enclosed Articles of Amendment and fee are su				
Please return all correspondence concerning this mat	Please return all correspondence concerning this matter to the following:			
Karen Simon				
Montessori Sch	Name of Contact Person			
	Firm/ Company			
901 Begonia R	d			
	Address			
Celebration, Fl	_ 34747			
	City/ State and Zip Code			
montessori.school	@celebration.fl.us			
E-mail address: (to be us	ed for future annual report notification)			
For further information concerning this matter, please call:				
Karen Simon at 407 566-1561				
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

Montessori Heritage II, INC.		FIL	ED
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	2014 JAN 1 7	PM 12: 55
P98000090363		ALLEY OF THE STORY	' (iO iO Tite
(Document Number of Corporation (if	known)	JALLAHASSE	E. FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation	adopts the following an	mendment(s) to
A. If amending name, enter the new name of the corporation:			
N/A		TH	ie new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Oword "chartered," "professional association," or the abbreviation "Inc.," or the designation, "or the abbreviation "Inc.," or the designation "Corp.," "Inc.," or "O.," or the designation "Inc.," or the abbreviation "Inc.," or the abbreviatio	Co". A professional corpo		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		
D. If amending the registered agent and/or registered office addressed registered agent and/or the new registered office addressed Name of New Registered Agent  Karen Simon		ame of the	
901 Begonia I	34 	_	
(Florida stre		_	
New Registered Office Address: Celebration		34747	
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent, am familiar w  Signature of New Registered A	ith and accept the obligation	ons of the position. —	

## 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.

X Change	<u>PT</u> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PVST	Karen Simon	609 Mulberry Ave
Add			Celebration, FL 34747
Remove			
2) Change	PD	Helen DeVere	609 Mulberry Ave
Add			Celebration, FL 34747
Remove			
3) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

,	necessary). (Be specific	;)		
/A				
		<del></del>		
		***	<u></u>	
·				
			<del>-</del>	
If an amendment provides	s for an exchange, reclass	sification, or cancella	ition of issued shares,	
provisions for implement	ting the amendment if no	t contained in the an	nendment itself:	
(if not applicable, ind	licate N/A)			
/A				
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The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	<del></del>
by	(voting group)	
<del></del>	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder	
DatedSignature	19-13 USWX	
selected	rector, president or other officer — If directors or officers have not been, by an incorporator — if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
-	Hesident	
	(Title of person signing)	