

011000004264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

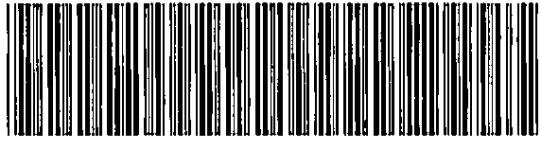
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000317402770 ✓

08/22/18--01020--029 **35.00

S TALLENT
SEP 25 2018

FILED
18 SEP 24 PM 3:24
CLERK OF SUPERIOR COURT
241 MADISON ST. E. LANSING MI 48201

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2018

PAOLA K. VILLO
18845 NW 62ND AVE APT. 106
HIALEAH, FL 33015

SUBJECT: MATER LAKES ACADEMY PTSO CORP
Ref. Number: N11000004264

We have received your document for MATER LAKES ACADEMY PTSO CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2017 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application or annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year.

Therefore, the total amount due to reinstate the corporation is \$297.50. Add an additional \$8.75 for each certificate of status requested.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 518A00017562

SECRETARY OF STATE
DELLAMARCA

18 SEP 21 AM 11:38

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Mater Lakes Academy PTSO Corp.

DOCUMENT NUMBER: N11000004264

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paola K. Villao

(Name of Contact Person)

(Firm/ Company)

18845 NW 62nd Ave. Apt. 106

(Address)

HiALEAH, FL 33015

(City/ State and Zip Code)

mlaptso@gmail.com ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paola K. Villao at (786) 5470704

(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:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Mater Lakes Academy PTSD Corp

(Name of Corporation as currently filed with the Florida Dept. of State)

N11000004264

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Paola K. Villao

18845 NW 62nd Ave Apt 106

(Florida street address)

New Registered Office Address:

Hiialeah

(City)

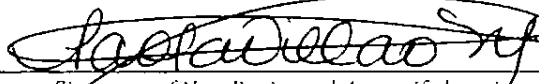
Florida

33015

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

18 SEP 24 PM 8:28
SECRETARY OF STATE
FLORIDA

FILED

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Jay Brady</u>	<u>16391 Stonehaven Rd</u> <u>Miami Lakes, FL</u> <u>33014</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Caroline Brady</u>	<u>16391 Stonehaven Rd</u> <u>Miami Lakes, FL</u> <u>33014</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Evonne Palomino</u>	<u>4420 NW 180th TR</u> <u>Miami Gardens, FL</u> <u>33055</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Wandy Romero</u>	<u>7828 NW 194 Terrace</u> <u>Hialeah, FL 33015</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Maria Bustamante</u>	<u>8325 NW 186st #303</u> <u>Miami, FL 33015</u>
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Paola K. Villao</u>	<u>18845 NW 62nd Ave</u> <u>APT 106</u> <u>HIACLEAH, FL 33015</u>

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

- 7) ADD T MARJORIE GORTAIRE
3940 NW 168th St. miami Gardens FL 33055
- 8) ADD S BERTHY BARRERA
18320 NW 68th Ave #A
HIALEAH, FL 33015
- 9) ADD S DARLING MELENDEZ
7750 NW 197th ST HIALEAH FL 33015
- 10) ADD S HEYDIS RODRIGUEZ
255 E 34 ST. HIALEAH FL 33013
- 11) ADD S JENNY CARRAZANA
5022 NW 173 RD DRIVE MIAMI FL 33055
- 12) ADD S PATRICIA ROCHA
7010 NW 186 ST # 505 HIALEAH, FL 33015

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

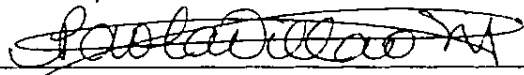
Effective date if applicable: AUGUST 20, 2018
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 9/17/2018

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Paola K. Villao
(Typed or printed name of person signing)

President
(Title of person signing)