

N120000007769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

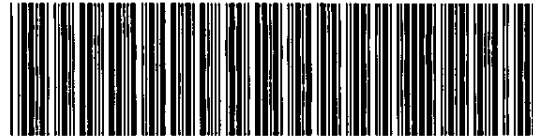
(Business Entity Name)

(Document Number)

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*Amend*

10/27/14--01035--002 \*\*43.75

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2014 OCT 27 PM 2:26  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

*DR*

*11/6/14*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Pedro Menendez High School IB Falcon Family Boosters, Inc.

DOCUMENT NUMBER: N12000007769

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

Please return all correspondence concerning this matter to the following:

**Karen Peil**

(Name of Contact Person)

**Pedro Menendez High School IB Falcon Family Boosters, Inc.**

(Firm/ Company)

**P. O. Box 860116**

(Address)

**St. Augustine, FL 32086-0116**

(City/ State and Zip Code)

**PMHSIBboosters@gmail.com**

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

For further information concerning this matter, please call:

**Karen Peil**

(Name of Contact Person)

at **904 501-3070**

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

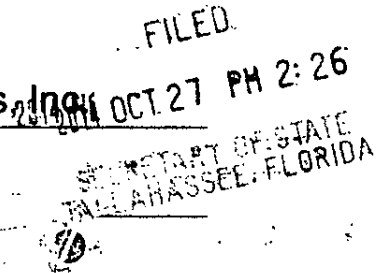
Articles of Amendment  
to  
Articles of Incorporation  
of

Pedro Menendez High School IB Falcon Family Boosters, Inc.

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

N12000007769

(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)

N/A

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: N/A

(Florida street 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 with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change ____ Add ____ Remove	<u>V</u>	<u>Elena Tovey</u>	<u>3313 Woodbury Court</u> <u>St. Augustine, FL</u> <u>32086</u>
2) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Kathy Shirley</u>	<u>561 Howard Place</u> <u>St. Augustine, FL</u> <u>32086</u>
3) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>S</u>	<u>Maia McGuire</u>	<u>826 Viscaya Blvd.</u> <u>St. Augustine, FL</u> <u>32086</u>
4) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>S</u>	<u>Jyotsna Raghuwanshi</u>	<u>950 Irma Way</u> <u>St. Augustine, FL</u> <u>32086</u>
5) ____ Change ____ Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Cheryl Freeman</u>	<u>108 River Cove Circle</u> <u>St. Augustine, FL</u> <u>32086</u>
6) ____ Change <input checked="" type="checkbox"/> Add ____ Remove	<u>T</u>	<u>Margaret Lekien</u>	<u>204 Lugo Way</u> <u>St. Augustine, FL</u> <u>32086</u>

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

**Amendment to Article III (Purpose) to include the following language:**

"Said corporation is organized exclusively for charitable and educational purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code."

The date of each amendment(s) adoption: June 4, 2014 (new officers voted in), if other than the date this document was signed.

Effective date if applicable: October 21, 2014  
(no more than 90 days after amendment file date)

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 October 21, 2014

Signature Karen B Peil

(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)

Karen Peil

(Typed or printed name of person signing)

President

(Title of person signing)