## P110000093378

(Requestor's Name)				
(Ad	(Address)			
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(Ci	ty/State/Zip/Phone	· #)		
PICK-UP	WAIT .	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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Amend

'JUN -' 5 2012 T. BROWN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: DIEM SCHOOL OF THE PERFORMING ARTS, INC
DOCUMENT NUMBER: P\\0000 93378
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Philama Diem Name of Contact Person
Firm/ Company
North Miani FL 33261  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Philame Otem at (917) 408-7606  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  Status Certified Copy Certificate of Status  (Additional copy is enclosed)  Status Certified Copy (Additional Copy (Ad
(Submitted Already) is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301



December 5, 2011

PHILANA DIEM PO BOX 612001 N MIAMI, FL 33261

SUBJECT: DIEM SCHOOL OF THE PERFORMING ARTS, INC.

Ref. Number: P11000093378

We have received your document for DIEM SCHOOL OF THE PERFORMING ARTS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 411A00027134

## Articles of Amendment to Articles of Incorporation of

	RFORMING ARTS INC
(Name of Corporation as currently filed with the Fl	lorida Dept. of State)
P 11000093378	
(Document Number of Corporation (if	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, that amendment(s) to its Articles of Incorporation:	his Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	·
N/A	
The new name must be distinguishable and contain the word "corporabbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," name must contain the word "chartered," "professional association,"	"Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 61200)
	North Miami, FL 33261
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent: N/A	<b>_</b> 9
	Wiss
(Florida stre	eet address)
»d.	£ 87
New Registered Office Address: NA (City)	, Florida (Zip Code)
. ,	₹ POF
	S AA
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position. 🥳
N/A	
Signature of New Registered A	gent, if changing

N/A

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database additional shee <u>Title(s)</u>		up to 6 officers/directors. If you  Name		than 6 officers/directors, please list them on  Address	an
1)		<u> </u>	-	<u> </u>	
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If REMOVIN	G an offic	er and/or director, please list the	title(s) and	name of the officer/director to be removed:	N/A
Title(s)	Name		Title(s)	Name	
1)			4)		
2)			5)		
3)			6)		

(attach additional shorts if accessed)	(Ra spacific)	<u>.</u>
C. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	A) A
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<u>provisions f</u>	or implementing the oplicable, indicate N/2	e amendment if not		ellation of issued shar imendment itself:	es,
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	100		•		
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			•	<u>.</u>	
The date of each	h amendment(s) ado	option:	125/12	la de	
Effective date <u>if</u>	'annlicahle:	D/1	/25/12	,	
Enecuve date <u>ir</u>	аррисане:	(no more	than 90 days after	· amendment file date)	
Adoption of Am	endment(s)	(CHECK ON	E)		
The amendme by the shareh	ent(s) was/were adop nolders was/were suff	eted by the shareholde	ers. The number of	votes cast for the ame	endment(s)
				g groups. <i>The followin</i> Itely on the amendmen	
"The nu	umber of votes cast fo	or the amendment(s)	was/were sufficien	t for approval	
by			·	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		(voting group)			
The amendme action was no		eted by the board of d	irectors without sh	areholder action and s	hareholder
The amendme action was no		ted by the incorporate	ors without shareh	older action and share	nolder
	Dated	126/12	·		
•	Signature	The	$\sim$		
	selected,		if in the hands of a	ctors or officers have range receiver, trustee, or o	
	·	Phil	ara F	nem	
		(Typed or p	printed name of per	son signing)	
	· _	Pre	trabie		
			(Title of person	cionina)	