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COVER LETTER

TO: Amendment Section

• Division of Co	rporations		
NAME OF CORPOI	ration: <u>Kendale Lu</u>	ikes Elementary ka	arents and Teachers, Inc.
DOCUMENT NUMI	BER:	34381	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Lorraine (Name of	Contact Person)	· ·
	(Firm	n/ Company)	
	8000 SW	142 Ave. Address)	
		1. 33183 te and Zip Code)	
	Momfour 31 E-mail address: (to be use	@ Yahvo.com ed for future annual report notific	eation)
,	n concerning this matter, pleas	e call: at (<u>305</u>) <u>752</u> (Area Code & Dayti	2-8645
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	nt of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cento Tallahassee, FL 3230	er Circle

Articles of Amendment
to Articles of Incorporation
$^{\prime}$ $^{\prime}$
Kendale Lakes Elementary Parents and Teachers, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
734381
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts he following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
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.
3. Enter new principal office address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
FILE COLUMN TO THE PARTY OF THE
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: LOTTAINE Williams
8000 SW 142 AVC
New Registered Office Address: (Florida street address)
Mi Ani) , Florida 383
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the
Socition.
Signature of New Registered Agent, if changing

Page 1 of 3

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)

Title	Name	Address	Type of Action
<u>γ</u>	Monica Poetvondo	8000 SW 142 AVE MIAMI, A. 33183	Add Remove
VP	Lorraine Williams	8000 SW 142 MC Mitmi, A. 33183	_ □ Add _ ⊠ Remove
<u>P</u>	Lorraine Williams	8000 SW 142 Ave	_ ⊠ Add _ □ Remove
	ling or adding additional Articles, enter ditional sheets, if necessary). (Be specif		
			

The date of each amendment(s) a	Jordion: December 8, 2009
Effective date if applicable:	(date of adoption is required) December 8, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated	14/10
Signature	priane Willams
have no	hairman or vice chairman of the board, president or other officer-if director been selected, by an incorporator – if in the hands of a receiver, trustee, and introduciary by that fiduciary)
_	Lorraine Williams
	(Typed or printed name of person signing)
	(Title of person signing)