

11010000007400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

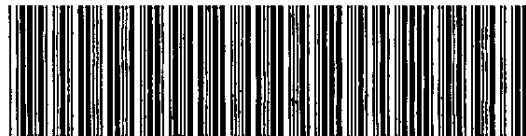
(Document Number)

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JUN 16 2016

R. WHITE

16 JUN 15 PM 4:20
STATE OF FLORIDA
TALLAHASSEE
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2016

MARTA FRANKOWSKI
3945 CHAUCER LANE
SARASOTA, FL 34241

SUBJECT: POLISH SATURDAY SCHOOL, INCORPORATED
Ref. Number: N01000007400

We have received your document for POLISH SATURDAY SCHOOL, INCORPORATED 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 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.

Rebekah White
Regulatory Specialist II

Letter Number: 216A00011730

COVER LETTER

TO: Amendment Section
Division of Corporations

POLISH SATURDAY SCHOOL, INCORPORATED
NAME OF CORPORATION: _____

N01000007400
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

MARTA FRANKOWSKI

(Name of Contact Person)

(Firm/ Company)

3945 CHAUCER LANE

(Address)

SARASOTA , FL 34241

(City/ State and Zip Code)

MRTFRANKOWSKI@YAHOO.COM

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

For further information concerning this matter, please call:

MARTA FRANKOWSKI

(941)2841863

at _____

(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

POLISH SATURDAY SCHOOL, INCORPORATED

FILED
16 JUN 15 PM 4:20

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

N01000007400

(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**)

2911 BEE RIDGE RD

SARASOTA, FL 34239

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. BOX 20492

SARASOTA, FL 34276

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:

ORLOFF, JANINA

8926 MANOR LOOP # 205

(Florida street address)

New Registered Office Address:

LAKEWOOD RANCH

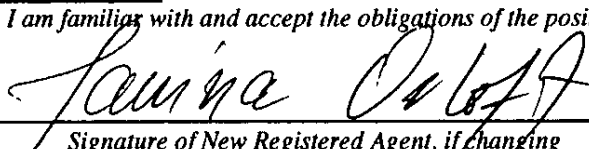
34202

(City)

Florida
(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	<u>P</u>	<u>ORLOFF, JANINA</u>	<u>8926 MANOR LOOP #205</u>
<input type="checkbox"/> Add			<u>LAKWOOD RANCH, FL 34202</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>V</u>	<u>PIWOWARCZYK, LIDIA</u>	<u>4108 17TH AVE WEST</u>
<input type="checkbox"/> Add			<u>BRADENTON, FL 34205</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>S</u>	<u>ZAGATA, MATEUSZ</u>	<u>1073 MALLARD MARSH DR</u>
<input checked="" type="checkbox"/> Add			<u>OSPREY, FL 34229</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>P</u>	<u>PULAWSKI, MARTA</u>	<u>1382 FRASER PINE BLVD</u>
<input type="checkbox"/> Add			<u>SARASOTA, FL 34240</u>
<input checked="" type="checkbox"/> Remove			
5) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>WAWRO, AGATA</u>	<u>216 PALM AVE EAST</u>
<input type="checkbox"/> Add			<u>NOKOMIS, FL 34275</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>D</u>	<u>AOUBY, MAGDALENA</u>	<u>2028 PINE TERRACE</u>
<input checked="" type="checkbox"/> Add			<u>SARASOTA, FL 34231</u>
<input type="checkbox"/> Remove			

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.

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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>
7) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	FORNAL, ANETA	3747 EAGLE HAMMOCK DR SARASOTA, FL 34240
8) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	D	ROYER, KINGA	5710 FERN OAK CT SARASOTA, FL 34232
9) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
10) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
11) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
12) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

N/A

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

5/20/16

Effective date if applicable: _____
(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.

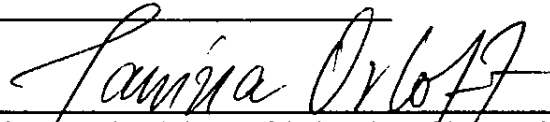
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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.

5/23/16

Dated

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)

JANINA ORLOFF

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)