

NO4 000011231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

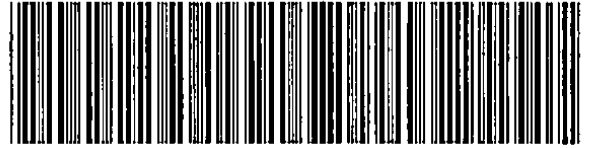
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/14/19--01011--019 **52.50

2019 SEP -8 A 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 09 2019

T. LEIBERUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fruit Cove Middle School Parent Teacher Organization, Inc.

DOCUMENT NUMBER: N04000011231

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

Please return all correspondence concerning this matter to the following:

Kristina Capps

(Name of Contact Person)

Fruit Cove Middle School

(Firm/ Company)

3180 Racetrack Road

(Address)

Jacksonville, FL 32259

(City/ State and Zip Code)

FCMSPTOTREASURER@GMAIL.COM

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

For further information concerning this matter, please call:

Kristina Capps

904

982-1367

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 checked="" 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2019

KRISTINA CAPPS
3180 RACETRACK RD
JACKSONVILLE, FL 32259

SUBJECT: FRUIT COVE MIDDLE SCHOOL PARENT TEACHER
ORGANIZATION, INC.
Ref. Number: N04000011231

We have received your document for FRUIT COVE MIDDLE SCHOOL PARENT TEACHER ORGANIZATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a officer or director sign the amendment.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 119A00017274

RECEIVED
2019 SEP -3 PM 2:25

Articles of Amendment
to
Articles of Incorporation
of

FILED

Fruit Cove Middle School Parent Teacher Organization, Inc.

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

N04000011231

2019 SEP -3 A 11: 53

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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)

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: Kristina Capps

1829 West Windy Way

(Florida street address)

New Registered Office Address:

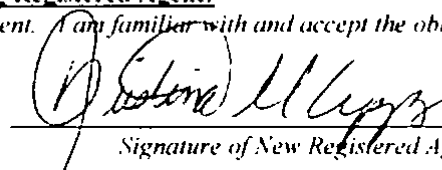
Saint Johns, Florida 32259

(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 type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Diane Denholm</u>	<u>228 Checkerberry Way</u> <u>Saint Johns, FL</u> <u>32259</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Elisa Albo</u>	<u>1032 Buttercup Drive</u> <u>Saint Johns, FL</u> <u>32259</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V^{of} Fundraising</u>	<u>Margie Cleerdin</u>	<u>340 Sweetbrier Branch Lane</u> <u>Saint Johns, FL</u> <u>32259</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V^{of} Fundraising</u>	<u>Pamela Malcom</u>	<u>208 Box Hall Court</u> <u>Saint Johns, FL</u> <u>32259</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V^{of} Membership</u>	<u>J. Paige Merriam</u>	<u>3225 Chestnut Court</u> <u>Saint Johns, FL</u> <u>32259</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V^{of} Membership</u>	<u>Giselle Swenson</u>	<u>1208 Ribbon Road</u> <u>Saint Johns, FL</u> <u>32259</u>

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Lauren Palombo</u>	<u>1444 South Burgandy Trail</u> <u>Saint Johns, FL</u> <u>32259</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>S</u>	<u>Melissa Wood</u>	<u>1029 Buttercup Drive</u> <u>Saint Johns, FL</u> <u>32259</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Kristina Capps</u>	<u>1829 West Windy Way</u> <u>Saint Johns, FL</u> <u>32259</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Tina Gonzalez</u>	<u>909 Grove Parke Court</u> <u>Saint Johns, FL</u> <u>32259</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u> ^{of} <u>Business Partners</u>	<u>Stephanie MacAvoy</u>	<u>400 Huckleberry Trail</u> <u>Saint Johns, FL</u> <u>32259</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u> ^{of} <u>Business Partners</u>	<u>Angie Conlon</u>	<u>4132 Lonicera Loop</u> <u>Saint Johns, FL</u> <u>32259</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

We are updating officers

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

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.

Dated 8/28/19 (effective date)

Signature Kristina M. Capps
(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)

Kristina M. Capps
(Typed or printed name of person signing)

Treasurer
(Title of person signing)