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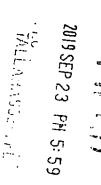
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	O, Inc.			
N05000005287				- · · · · ·
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Amy Gabel				
((Name of Contact Perso	on)	 	
Cape Elementary PTO, Inc.				
	(Firm/ Company)			
4519 Vincennes Blvd.				
· · · · · · · · · · · · · · · · · · ·	(Address)			
Cape Coral, FL 33904				
(City/ State and Zip Cod	de)		
CapeElementaryPTO@gmail.com				
E-mail address: (to be used	for future annual report	notification	1)	
For further information concerning this matter, please of	call:			
Amy Gabel	2.	39	850-4919	
(Name of Contact Person)	at	rea Code)	(Daytime Telepho	ne Number)
Enclosed is a check for the following amount made pay	vable to the Florida Dep	partment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section		t Address		
Amenament Section	Атеп	ament Sech	ЮП	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Cape Elementary PTO, Inc.					
(Name of Corporation	as currer	itly filed with the l	Florida Dept. of Sta	ite)	
N05000005287					
(Docum	nent Numb	per of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	rida Statut	es, this <i>Florida Not</i>	For Profit Corpora	ation adopts the fo	llowing
A. If amending name, enter the new name of the	corporat	ion:			
N/A				1	The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		·	ated" or the abbrev		
B. Enter new principal office address, if applica		N/A			
(Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u>)			
				7	201
					<u>83</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		2	EP2
					<u> </u>
				· · · · · · · · · · · · · · · · · · ·	<u> </u>
					- 2 2:
D. If amending the registered agent and/or regis	stared offi	ce address in Flor	ida antar tha name	of the	9
new registered agent and/or the new register			ida, enter the hame	or the	
Name of New Registered Agent:	N/A	· · · · · · · · · · · · · · · · · · ·			
			(Florida street address)	
New Registered Office Address:					
	N/A			Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing F					
I hereby accept the appointment as registered agen	t. I am fa	miliar with and acc	cept the obligations	of the position.	
_		V	mintage of the second		
	3	ngnature of New Ke	rgistered Agent, if cl	unging	

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: X Change X Remove X Add		Doc Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>T</u>	Wendy Drotleff	
Add			
X Remove			
2) Change	<u>V</u>	Elise Torres	
Add			
X Remove			
3) X Change	<u>T</u>	Amy Gabel	
Add			
Remove			
4) Change	V	Jenifer Gleason	4519 Vincennes Blvd.
X Add			Cape Coral, FL 33904
Remove			
5) Change	S	Ashlee Frankinburger	4519 Vincennes Blvd.
X Add			Cape Coral, FL 33904
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)					
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	* *	adoption:	, if other than the
date	this document was signed.		
Eff	ective date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
		block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as the
Add	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) oval.	
	There are no members or me adopted by the board of dire	mbers entitled to vote on the amendment(s). The amendment(s) was/were ctors.	
	09/12/19 Dated		
	Signature	ytrabel	
	have not	airplan or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or rt appointed fiduciary by that fiduciary)	
	Amy (Gabel	
		(Typed or printed name of person signing)	
	Treasi	irer	
	- 	(Title of person signing)	