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Amend/Mame (1011/1/12)

### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

PLATO AC	ADEMY F	PTO, INC
NAME OF CORPORATION:	06	,
The enclosed Articles of Amendment and fee are submit	ted for filing.	
Please return all correspondence concerning this matter to Luiza Reinhard	o the following:	
(N	ame of Contact Person	)
	(Firm/ Company)	
837-A Keene Road North		
	(Address)	
Clearwater FL 33755		
(C	ity/ State and Zip Code	e)
luiza@saharatrek.d		
E-mail address: (to be used fo	r future annual report	notification)
For further information concerning this matter, please cal	II:	
Luiza Reinhard	<sub>at (</sub> 727	421-0218  ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made payal	ble to the Florida Depa	rtment of State:
	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Divisio Cliflon	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

# Articles of Amendment to

#### Articles of Incorporation

105000010106	ently filed with the F	lorida Dept. of State)		
(Docu	ment Number of Corpo	oration (if known)		
rursuant to the provisions of section 6 mendment(s) to its Articles of Incorp		tes, this Florida Not For Pr	rofit Corporation adopts the fol	lowing
A. If amending name, enter the new ACOC name must be distinguishable and con	tain the word "corpor	learwate	or DTD NK 177 r the abbreviation "Corp." or	ne new 'Inc.''
"Company" or "Co." may not be use	d in the name.	N/A		د ش
B. Enter new principal office addre Principal office address <u>MUST BE</u>				<b>16</b> 16
				夏等
				<u> </u>
C. Enter new mailing address, if an (Mailing address MAY BE A POS		N/A		12 HOY -1 PH 3: E
D. If amending the registered agent new registered agent and/or the			er the name of the	
Name of New Registered Age	nt: N/A		<del> </del>	
New Registered Office Address:		(Florida street address)		
	N/A		, Florida	
	(City		(Zip Code)	

Page 1 of 4

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: X_Change X_Remove X_Add	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Tracey Hayes	
XAdd			
2) Change	<u>VP</u>	Kelly Parianos	
Add Remove 3) Change	<u>s</u>	Donna Burns	
Add X Remove 4) Change Add	<u>T</u>	Janet Frye	
X Remove  5) Change  X Add  Remove	<u>P</u>	Jeffrey Rush	705 Karolyn Dr Clearwater FL 33755
6) Change	VP_	Luiza Reinhard	837-A Keene Rd. N Clearwater FL 33755
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 <math>PTD.

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Example: X Change X Remove X Add	V Mik	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	Michael A. Korosi	6575 72nd Ave Ct
X Add			Pinellas Park FL 33781
Remove			
2) Change	<u>s</u>	Megan Marshall	4999 Lake Valencia Blvd W
X Add			Palm Harbor FL 34684
Remove	\	<b></b>	
3) Change	<u>VP</u>	Elaine Georgilas Angelou	56 Read Street
X Add			Tarpon Springs FL 34689
Remove			
4) Change	<del></del>	**************************************	
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove		Dags 2 of 4	

L. If amending or adding additional Articular (attach additional sheets, if necessary).	(Be specific)
/ <b>A</b>	
<del>, , , , , , , , , , , , , , , , , , , </del>	
<del></del>	

	September 27, 2012
The date of each amendment ad	ptember 27, 2012
Effective date <u>if applicable</u> :	p10///2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes cast for the amendment(s)  1.
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were pers.
Dated Octobe	er 25, 2012
Signature	na Kennya
(By the chair have not bee	man or vice chairman of the board, president or other officer-if directors on selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
Luiza Rei	nhard
VP	(Typed or printed name of person signing)
	(Title of person signing)