## NO5000012874

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Archimedean Middle Conservatory PTO Inc.
DOCUMENT NUMBER: N \$50000 12874
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Catherine Hernandez (Name of Contact Person)
Archimedean Middle Conservatory PTO Inc
12425 SW. Sunset Drive
Miani Florida 33183 (City/State and Zip Code)  Cathdeza a mail. com
For further information concerning this matter, please call:
Cotherine Hernandez at 305 310 3857  (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:  \$\int \\$35 \text{ Filing Fee}  \\$43.75 \text{ Filing Fee & }  \\$52.50 \text{ Filing Fee }   \\$52.50 \text{ Filing Fee }   \\$52.50 \text{ Filing Fee }   \qqq \q
Mailing Address Amendment Section Division of Corporations Division of Corporations Division of Corporations Clifton Building Tallahassee, FL 32314 Tallahassee, FL 32301



February 14, 2012

CATHERINE HERNANDEZ ARCHIMEDEAN MIDDLE CONSERVATORY PTO INC. 12425 SW SUNSET DR MIAMI, FL 33183

SUBJECT: ARCHIMEDEAN MIDDLE CONSERVATORY PTO INC.

Ref. Number: N05000012874

We have received your document for ARCHIMEDEAN MIDDLE CONSERVATORY PTO INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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.

Letter Number: 712A00006613

Cheryl Coulliette Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment

to icles of Incorporatio

Atticies	of factor por action	
ARCHIMEDATIN MADDLE C	MERVATORY FTO INC.	
(Name of Corporation as currently filed with the Flor	rida Dept. of State)	
NOSOOO 12	L874	
(Document Number of Corpora	ation (if known)	
amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporation	on:	
	The new	
name must be distinguishable and contain the word "corporati	ion" 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 <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	28	7
		C
D. If amending the registered agent and/or registered office	te address in Florida, enter the name of the	
new registered agent and/or the new registered office ac	ddress:	
Name of New Registered Agent:		
	<del></del>	
	(Florida street address)	
New Registered Office Address:	The fire that can	
	Planida	
(City)	, Florida (Zip Code)	
•	• •	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position	
y mep- me appointment as regionered agent. I am juin	uccopi me congunoto oj me posmon.	
Signature of New Registe	aved Agent if changing	
Signature of New Registe	егеи лует, у снипуту	

Page 1 of 4

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: XChange	<u>PT</u> <u>Johr</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add Remove	<u>P</u>	Catherine Hernan	Mani Fl 33173
2) Change Add Remove	YP	Jael Pineda	17372 SW 131 Ct.
Change Add Remove		Mariaarmen Jun	
4) Change Add Remove	3	Jacquelne Garc	ia 12425 SW Sunget D mionei F1 33183
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional sheets, if ne	tional Articles, enter cessary). (Be speci	change(s) here:		
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The date of each amendment(s) adoption:				
	ective date if applicable:			
	(no more than 90 days after amendment file date)			
Ado	option 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.			
<b>Æ</b> Ĵ	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 2/20/2017			
	Signature Collema Hearned			
	(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)			
	CATHERINE HERNANDEZ			
	(Typed or printed name of person signing)  President (Title of person signing)			