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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION			ENTARY CEN	TRAL CAMPUS PTA, INC	
	06000008411				
The enclosed Articles of Amen	·				
·		_			
Please return all correspondenc	e concerning this matter	to the following:			
ARIADNA SILVEIRA					
	(	Name of Contact P	erson)		
		(Firm/ Compan	v)		•
2741 Montevideo Ave					
		(Address)			
Cooper City, FL 33026					
	(0	City/ State and Zip	Code)		
ari.silveira79@gmail.com					
E-m	ail address: (to be used f	or future annual rep	port notification	i)	
For further information concern	ing this matter, please ca	all:			
ARIADNA SILVEIRA		at	(954)	348-8949	
(N	ame of Contact Person)		(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the follo	owing amount made pays	able to the Florida l	Department of	State:	
■ \$35 Filing Fee □	3\$43.75 Filing Fee & C Certificate of Status		Certif s Certif	0 Filing Fee icate of Status ied Copy tional Copy is sed)	

# Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

(Name of Corporation as o	currently filed with the Florid:	a Dept. of State)
N06000008411		
(Document	Number of Corporation (if known	wn)
Oursuant to the provisions of section 617,1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For I	Profit Corporation adopts the following
A. If amending name, enter the new name of the con	rporat <u>ion:</u>	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD</u>	RESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX	<b>V</b> 1	
(Matting dataress <u>MAT DE ATOST OF FICE, INV.</u>	<u> </u>	
D. If amending the registered agent and/or registers	ed office address in Florida, er	nter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		·
New Registered Office Address:	(Flori	ida street address)
HEN NEGLIEFER OFFICE FARMENS.		
·	(Citv)	, Florida
	•	·
New Registered Agent's Signature, if changing Regi hereby accept the appointment as registered agent.		ie obligations of the position.
		<u> </u>
		the control of the co
	Signature of New Register	CH5
	Signature of New Register	25
		ANG SEE
	Signature of New Register Page 1 of 4	E45

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.

X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	DANILO GUTIERREZ	12350 Sheridan St
Add			Pembroke Pines, FL 33026
X Remove			
X 2) Change	P	Pat Bryant	H360 NW 30th Place
Add			Sunrise, F1.33323
Remove X	VP FUN	Ariadna Silveira	2741 Montevideo Ave
3 ) Change			Cooper City, FL33026
Remove			
4) Change	T	Listher Stathas	12068 NW 13TH CT
X Add	<del></del>		Pembroke Pines, FL 33026
Remove			
5) Change	VP	German Silveira	2741 Montevideo Ave
X Add			Cooper City, FL 33026
Remove			
6) Change	VP	TOM VOKATY	12350 Sheridan St
Add	<u></u>		Pembroke Pines, FL 33026
X Remove			

шист шашинты эксеіз,	if necessary). (Be	specific)			
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The	e date of each amends	nent(s) adoption:	, if other than the
	this document was sig		
		8/27/2018	
Eff	ective date <u>if applicat</u>		<del></del>
		(no more than 90 days after amendment file date)	
		in this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	ot be listed as the
Adı	option of Amendment	(s) ( <u>CHECK ONE</u> )	
<b>=</b>	The amendment(s) www.was/were sufficient for	as/were adopted by the members and the number of votes cast for the amendment(s) or approval.	
	There are no member adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	
	Dated	8/27/2018	
	Signature _		<del>.</del>
	ha	the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	
		ARIADNA SILVEIRA	
		(Typed or printed name of person signing)	
		Vice President of Fundraising	
		(Title of person signing)	

. . . .