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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: THE CAPE CORA	AL MUNICIPAL CHARTE	.R SCHOO 	L FOUNDATION, INC.
DOCUMENT NUMBER: N07000004919			
The enclosed Articles of Amendment and fee are sul	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
Edgar Cerny			
	(Name of Contact Perso	on)	
Cape Coral Municipal Charter School Foundation, I	nc.		
	(Firm/ Company)		
1714 CAPE CORAL PKWY E			
	(Address)		
CAPE CORAL, FL 33904			
	(City/ State and Zip Coo	de)	
CapeCharterFoundation@gmail.com			
E-mail address: (to be use	ed for future annual report	notificatio	n)
For further information concerning this matter, pleas	e call:		
Edgar Cerny	2.	39	738-2023
(Name of Contact Perso		vrea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Dep	partment of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amen Divisi	t Address dment Sect ion of Corpo n Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

Allact S Ph 3. 16

THE CAPE CORAL MUNICIPAL CHARTER SCHOOL FOUNDATION, INC.

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

N07000004919

(Document Number of Corporation (if known)

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:

 _	 	The nev
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		" or the abbreviation "Corp." or "Inc."
Company on Co. may not be used in the nam	_	
B. Enter new principal office address, if applica	ble: N/A	
(Principal office address <u>MUST BE A STREET A</u>	DDRESS)	
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX)	
		
		
D. If amending the registered agent and/or regis	stered office address in Florida	enter the name of the
D. If amending the registered agent and/or reginew registered agent and/or the new register		enter the name of the
new registered agent and/or the new register	ed office address:	enter the name of the
		enter the name of the
new registered agent and/or the new register	ed office address:	enter the name of the
new registered agent and/or the new register Name of New Registered Agent:	N/A tFlo	enter the name of the
new registered agent and/or the new register	N/A tFlo	
new registered agent and/or the new register <u>Name of New Registered Agent</u> :	N/A tFlo	rida sirevi address)
new registered agent and/or the new register <u>Name of New Registered Agent</u> :	N/A tFlo	
new registered agent and/or the new register Name of New Registered Agent: New Registered Office Address:	N/A (City)	rida sireet address) Florida
new registered agent and/or the new register <u>Name of New Registered Agent</u> :	N/A (City) Registered Agent:	rida sireet address) Florida (Zip Code)

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>Mil</u>	<u>n Doe</u> ke Jones l <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	Gomez, Kathryn	1616 Cape Coral Pkwy W # 117
Add			CAPE CORAL, FL 33914
X Remove			
2) Change	<u>v</u>	Porter. Chris	1616 Cape Coral Pkwy W # 117
Add			CAPE CORAL, FL 33914
X Remove			
3) Change	<u>V</u>	Feichthaler, Eric	1714 CAPE CORAL PKWY E
X Add			CAPE CORAL, FL 33904
Remove			
4) Change	<u>1</u> .	Hoagland, Jennifer	1616 Cape Coral Pkwy W # 117
X Add			CAPE CORAL, FL 33914
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (attach additional sheets, if necessary). (Be specific)	
N/A	
	100 m.
	,
	
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The date of each amendment(s) adoption:	, if other than the
late this document was signed.	_, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9/27/18 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 locument's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 9/27/18	
Signature	_
(By the chairman or vice chairman of the board, pesident of 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)	
Edgar Cerny	
(Typed or printed name of person signing)	
President	
(Title of person signing)	