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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ARCHIMEDEAN	ACADEMY PTO INC.			
DOCUMENT NUM	N07000008846				
The enclosed Article	es of Amendment and fee are so	abmitted for filing.			
Please return all cor	respondence concerning this ma	atter to the following:			
	Janel Luciani				
		Name of Contact Perso	n		
	ARCHIMEDEAN ACADEMY PTO INC.				
		Firm/ Company			
	12425 SW 72 Street				
		Address			
	MIAMI, FL 33183				
		City/ State and Zip Cod	e		
aap	to@achimedean.org				
	E-mail address: (to be u	sed for future annual report	notification)		
For further informat	ion concerning this matter, plea	se call:			
Janel Luciani		at (389-8039		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$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		Street Address Amendment Section Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ARCHIMEDEAN ACADEMY PTO INC

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

ent(s) to

N0700008846		
	(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flor</i>	orida Profit Corporation adopts the following amends
A. If amending name, enter the new n	ame of the corporation:	
		The no
	nation "Corp," "Inc," or "Co"	" "company," or "incorporated" or the abbreviati ". A professional corporation name must contain t A."
B. Enter new principal office address, (Principal office address MUST BE A S		
	-	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new	OFFICE BOX) - nd/or registered office address	s in Florida, enter the name of the
Name of New Registered Agent	Janel Luciani	
	12425 SW 72 ST	
	(Florida street a	address)
New Registered Office Address:	Miami	, Florida
	(City	(y) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		and accept the obligations of the position.
	Signature of New Regis	1 istered 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	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	Р	Janel Luciani	12425 SW 72 ST
Add			MIAMI, FL 33183
Remove			,
2) X Change	VP	Marien Scorpo	12425 SW 72 ST
Add			MIAMI, FL 33183
Remove			
3) X Change	T	Veronica Ulloa	12425 SW 72 ST
Add			MIAMI, FL 33183
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional sheets, if nec</i>	essary). – (Be specific	:)		
				
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an amendment provides for	an exchange, reclass	ification, or cance	Ration of issued sh	iares.
provisions for implementing	the amendment if not	contained in the	amendment itself:	
(if not applicable, indicate	· N/A)			
				
	· · · · · · · · · · · · · · · · · · ·		***	
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7.0				
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The date of each amendment(s) a date this document was signed.	adoption:, if e	other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.	: listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder	
06/23/201 Dated	me de ani	
selecto	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Janel Luciani	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	