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| Certified Copies          | Certificates                            | of Status |
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| Special Instructions to I | Filing Officer:                         |           |
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A. RAMSEY APR 30 2024

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| Th NAME OF CORPORATION:              | e Parents' Club o                 | f Middlburg. Inc.  |                        | ,  |
|--------------------------------------|-----------------------------------|--|------------------------|--|
| N08000 DOCUMENT NUMBER:              |                                   |  |                        |  |
| The enclosed Articles of Amendmen    |                                   |  |                        |  |
| Please return all correspondence cor | ncerning this mat                 | ter to the following:  |                        |  |
| Alicia Sorel                         |                                   |  |                        |  |
|                                      |                                   | (Name of Contact   | Person)                |  |
| The Parents' Club of Middleburg. It  | ıc.                               |  |                        |  |
|                                      |                                   | (Firm/ Compa   | ny)                    | · · · · · · · · · · · · · · · · · · ·  |
| 1878 Mackenzie Court South           |                                   |  |                        |  |
| •                                    |                                   | (Address)  |                        |  |
| Middleburg, Florida 32068            |                                   |  |                        |  |
|                                      |                                   | (City/ State and Zi  | Code)                  | *  |
| parentsclubmma@gmail.com             |                                   |  |                        |  |
| E-mail ac                            | ldress: (to be use                | d for future annual r  | eport notificat        | ion)   |
| For further information concerning t | this matter, please               | e call:  |                        |  |
| Alicia Sorel                         |                                   | ,  | 904<br>at              | 707-2486   |
| (Name                                | of Contact Persor                 |  |                        | ) (Daytime Telephone Number)   |
| Enclosed is a check for the followin | g amount made p                   | ayable to the Florida  | n Department o         | of State:  |
|                                      | 75 Filing Fee & ificate of Status | □S43.75 Filing Fe<br>Certified Copy<br>(Additional copy<br>enclosed) | Cert<br>is Cert<br>(Ad | .50 Filing Fee<br>tificate of Status<br>tified Copy<br>ditional Copy is<br>closed) |
| Mailing Address                      |                                   |  | treet Address          |  |
| Amendment Section                    |                                   | Δ  | emendment Se           | <u>លោក</u>   |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

| The Parents' Club of Middleburg, Inc.  |                                      | 2024 APR -5 AM 10: 54  |
|--|--------------------------------------|--|
| Name of Corporation as currently filed with the l  | Florida Dept. of State)              | THE THE STATE OF T |
| •  |                                      | DE NETARY OF STATE   |
| (Docume  | nt Number of Corporation (if know    |  |
| Pursuant to the provisions of section 617,1006, Floridament(s) to its Articles of Incorporation:     | da Statutes, this Florida Not For Pr | ofit Corporation adopts the following  |
| A. If amending name, enter the new name of the o   | corporation:                         |  |
| The Parents' Club of Ripple Effect, Inc.   |                                      | The new  |
| name must be distinguishable and contain the word ' "Company" or "Co." may not be used in the name.  | 'corporation" or "incorporated" or   |  |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD   |                                      |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo                | <u>ox</u> )                          |  |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered |                                      | er the name of the   |
| Name of New Registered Agent:  |                                      |  |
| New Registered Office Address:   | (Florida                             | street vildress)   |
|  |                                      | , Florida  |
|  | (City)                               | (Zip Code)   |
| New Registered Agent's Signature, if changing Re   | gistered Agent:                      |  |
| I hereby accept the appointment as registered agent.   |                                      | obligations of the position.   |
| <del></del>  | 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>PT</u> <u>V</u> <u>\$V</u> | John Doe<br>Mike Jones<br>Sally Smith                       |                 |
|--|-------------------------------|---|-----------------|
| Type of Action<br>(Check One)                      | <u>Title</u>                  | <u>Name</u>   | <u>Addres</u> s |
| 1) Change<br>Add                                   |                               |   |                 |
| Remove   |                               |   |                 |
| 2) Change Add                                      |                               |   |                 |
| Remove 3) Remove Add Remove                        |                               |   |                 |
| 4) Change Add                                      | -                             | <del></del>   |                 |
| Remove   |                               |   |                 |
| 5) Change Add                                      |                               | _   |                 |
| Remove   |                               |   |                 |
| 6) Change Add                                      |                               |   |                 |
| Remove   |                               |   |                 |
| E. If amending or addir<br>(attach additional shee | ng addition                   | onal Articles, enter change(s) here: essary). (Be specific) |                 |
|  |                               |   |                 |
|  |                               |   |                 |
|  |                               |   |                 |

| date this document was signed.  Effective date <u>if applicable</u> :  (no more than 90 days after amendment fi |                    |
|---|--------------------|
| The date of each amendment(s) adoption:   | , if other than th |
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Adoption 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.

| There are no membadopted by the boa | bers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.   |
|-------------------------------------|---|
| Dated                               | 03/31/2024  |
| Signature                           | 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) |
|                                     | Alicia Sorel  |
|                                     | (Typed or printed name of person signing)   |
|                                     | President   |

(Title of person signing)