## No8000 10305

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Coral Ga	ibles Elementary Act, Inc.		
DOCUMENT NUMBER: N080000103	05		
The enclosed Articles of Amendment and i	fee are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Aileen Ortega, Esq.	CC-44-4 Parent		
(IN	ame of Contact Person)		
Q ലള് Larrea & Ortega			
W S S S S S S S S S S S S S S S S S S S	(Firm/ Company)		
150 Alhambra Cir., # 950			
TOTAL STATE OF STATE	(Address)		
SECRETARY SECRETARY Coral Gables, FL 33134 (Cir.)			
Ci (Ci	ty/ State and Zip Code)	<del></del> "	
For further information concerning this mat	tter, please call:		
Angelique Ortega Fridman	at (_ 305) 445-0206		
(Name of Contact Person)	(Area Code & Daytime Tele	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount	nt made payable to the Florida Departn	nent 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	Street Address Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
•	Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

Coral Gab	oles Elementary Act, Inc.	
(Name of Corporation as curr	ently filed with the Florida Dept. of	State)
N08000010305		
	mber of Corporation (if known)	
Pursuant to the provisions of section 617.1006 the following amendment(s) to its Articles of I	ncorporation:	r Profit Corporation add
A. If amending name, enter the new name of	of the corporation:	
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" or "		
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or		enter the name of the
new registered agent and/or the new regi	istered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered position.	i <mark>ng Registered Agent:</mark> d agent. I am familiar with and ac	ecept the obligations of th
<del></del>	Signature of New Registered Agent, if i	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)

<u>Title</u>	Name	Address	Type of Action
	Bruce Hoffman	c/o Coral Gables Elem Acta 105 Minorca Avenue Coral Gables, FL 33134	☑ Remove
	Daniel S. Fridman	c/o Coral Gables Elem Acta 105 Minorca Avenue Coral Gables FL 33134	☐ Remove
			Add Remove
E. If amending	g or adding additional Artic <u>les, enter c</u>	hange(s) here:	
	ional sheets, if necessary). (Be specific		
	·		

The date of each amendment	t(s) adoption: December 12, 2008
Effective date <u>if applicable</u> :	December 12, 2008
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated Dec	ember 12, 2008
Signature	
(By hav	the chairman or vice chairman of the board, president or other officer-if director re not been selected, by an incorporator – if in the hands of a receiver, trustee, court appointed fiduciary by that fiduciary)
	Aileen Ortega, Esq.
	(Typed or printed name of person signing)
	Incorporator
	(Title of person signing)