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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Pacetti Bay Middle School PTSO, INC DOCUMENT NUMBER: N 08 0000 10 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code) ss: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & \$\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

Articles of Incorporation

	of	
chool	PTSO,	INC

Paretti Bay Middle School PTSO, TAP
(Name of Corporation as currently filed with the Florida Dept. of State)
N 09 0000 10753
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent: Tationa Sanchez 245 Meadowlark Lane 5
(Florida street address) New Registered Office Address:
ST Ayustine Florida 32092 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Olivery 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	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change Add	P	Sheri Blackman	245 Meadar Kirk Lare. ST Augustine FL 37092
Remove 2) X Change Add	P_	Yolanda Gutiellez	245 Maubuliere line St Ayustine, FL32092
Remove Change Add Remove	<u>P</u>	Natusha Spitzkeit	57 Augustine, FL 32092
4) X Change Add	_\	Natasha Spitzkeit	245 Mechanikar trans ST Augustine FL 32092
Remove 5) — Change Add	<u> </u>	Erika Salgado	245 Meadowkyx Line ST Agustin, Fl 32092
Remove 6) X Change Add	T	Kelly Barkoskie	245 Meadowlark line ST Augustine, FL 37292
E. If amending or addin (attach additional shee		<u>cles, enter change(s) here</u> : (Be specific)	
Please Se	e additi	onal Changes of Officers	, members.

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.

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Example: X Change X Remove X Add	PT John D V Mike John S SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
7) Y Change		Tationa Sanchez	245 Megdankur Lone ST Angustine IFL 37092
Remove 75 2) Change 3 Add	(<u>formunic</u> ation	Amy Howell	245 Meadowlar Lene 551 Agustre, Pl 32092
Remove Change Add Remove	_5	Francine Avinger	245 Meadrelank Lane 2T Augustine, Fl 37172
10) — Change	<u>Marketing</u> Corresponding Secretary	Tara Benowitz	245 Meadowkink lene 51 Augustine, FL 3292
Remove 5) Change Add	Ecretary.		
Remove 6) Change Add			
Remove			·
	ding additional Art heets, if necessary).	icles, enter change(s) here: (Be specific)	
N/A			
	<u></u> -		

				
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		-		
	711/1/2001	,		
The date of each amendment(s) adoption: date this document was signed.	T1151 WZ4		-	, if other than
Effective date <u>if applicable</u> :				
(no n	nore than 90 days after amo	endment file date)		
Note: If the date inserted in this block does no document's effective date on the Department or	t meet the applicable statute		, this date will not b	e listed as the
Adoption of Amendment(s) (Cl	IECK 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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 08/01/2024
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)
Tationa Sanchez
(Typed or printed name of person signing)
Treasurer, Registered Agent (Title of person signing)

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Pacetti Bay	Middle School PTSO, INC
DOCUMENT NUMBER: N 08 0000 10	753
The enclosed Articles of Amendment and fee are submitt	ed for filing.
Please return all correspondence concerning this matter to	the following:
Tationa Sanchez	
(Na	ame of Contact Person)
Paretti Bay Middle School P	
	(Firm/ Company)
245 Meadowlark Ln.	\$
	(
ST Augustine 1 FL	32092
(Ci	y/ State and Zip Code)
Pace-tibayp-150 @ gma E-mall address: (10 be used for	ail.com
For further information concerning this matter, please call	:
Tationa Sunchez	at 904 365 1168
(Name of Contact Person) Enclosed is a check for the following amount made nearly	(Area Code) (Daytitle Telephone Number)
Enclosed is a check for the following amount made payab	te to the Florida Department of State:
Certificate of Status C	43.75 Filing Fee & S52.50 Filing Fee ertified Copy Certificate of Status Additional copy is nclosed) (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303