M0800010978

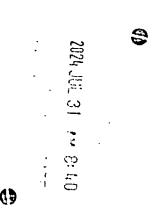
(Re	equestor's Name)	
(Ac	idress)	
		<u> </u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





100433435151

07/26/24--01016--004 **43.75



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION	Keystone Prep High				<u>.</u>
	N08000010978				
DOCUMENT NUMBER:					
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matt	er to the following	:		
Sabrina Pomales					
		(Name of Contact	t Person)		
Keystone Prep High Schoo	I				
		(Firm/ Comp	any)		
18105 Gunn Highway					
	-	(Address)		
Odessa, Florida 33556					
		(City/ State and Z	(ip Code)		
spomales@keystoneprep.o	rg				
- F	-mail address: (to be used	I for future annual	report notificat	ion)	
For further information con-	cerning this matter, please	e call:			
Sabrina Pomales			813 at	264-4500	
	(Name of Contact Person		(Area Code	2) (Daytime Telephone	Number)
Enclosed is a check for the	following amount made p	ayable to the Flori	da Department	of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing F Certified Copy (Additional copenclosed)	Cer by is Cer (Ac	2.50 Filing Fee rtificate of Status rtified Copy Iditional Copy is closed)	
Mailing A	Address		Street Addres	<u>s</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

KEYSTONE PREPHIGH SCHOOL, INC.

(Name of Corporation as currently filed with the Florida	Dept. of State)
N08000010978	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:
N/A	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u>(S)</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2024 Jul 3
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the position.
	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)

٠.

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 Sn	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	Mand of School	Benjamin Pomales	18105 Gunn Highway Odessa, FL 33556
X Remove 2) Change Add	Head of School	Sabrina Pomales	18105 Gunn Highway Odessa, FL 33556
Remove Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

		
		
		_ _
		
		
	07/01/2024	if ash so than tha
The date of each amendment(s) adoption: _ date this document was signed.	07/01/2024	, if other than the
07/01/2024		
Effective date if applicable:	1 00 1 6 1 101 111	<u> </u>
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department	tot meet the applicable statutory filing requirements, this date will not of State's records.	be listed as the
Adoption of Amendment(s) (Q	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

Dated	07/01/2024
Dateu	
Signatur	. Kwalsh Calton
	(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)
	Kate Walsh Calton
	(Typed or printed name of person signing)
	Vice Chair

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Keystone Pr	ep High School, Inc.
DOCUMENT NUMBER N08000010978	
The enclosed Articles of Amendment and fee a	are submitted for filing
Please return all correspondence concerning the	S matter to the sale
Sabrina Pomales	to the following:
Keystone Prep High School	(Name of Contact Person)
18105 Gunn Highway	(Firm/ Company)
Odessa, Florida 33556	(Address)
spomales@keystoneprep.org E-mail address: (to be u For further information concerning this matter, ple	(City/ State and Zip Code) used for future annual report notification)
Sabrina Pomales	ase call:
(Name of Contact Person	813 264-4500
Enclosed is a check for the following amount made	payable to the Florida Denomination (Daytime Telephone Number)
Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303