

N080000/1219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

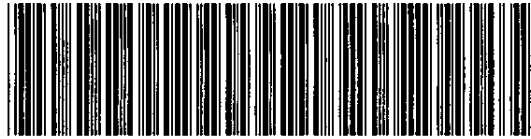
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 DEC 14 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/14/12 RW
Amd



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2012

MADELYNE JARQUIN
SHENANDOAH MIDDLE SCHOOL P.T.S.A. CORP
1950 SW 19 STREET
MIAMI, FL 33145

SUBJECT: SHENANDOAH MIDDLE SCHOOL P.T.S.A. CORP
Ref. Number: N08000011219

We have received your document for SHENANDOAH MIDDLE SCHOOL P.T.S.A. CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 812A00027946

Please note your office has our \$35.00
filing fee. As per this letter -

Thank You
Jeanie Smith

RECEIVED
12 DEC 14 AM 9:46
DEPARTMENT OF STATE
OF CORPORATIONS
TALLAHASSEE, FLORIDA

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2012

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1950 SW 19 STREET
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Tina Roberts
Regulatory Specialist II

Letter Number: 812A00027946

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Shenandoah Middle School P.T.S.A. Corp

DOCUMENT NUMBER: N08000011219

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Madelyne Jarquin

Name of Contact Person

Shenandoah Middle School P.T.S.A. Corp

Firm/ Company

1950 SW 19 Street

Address

Miami, FL 33145

City/ State and Zip Code

~~XXXXXXXXXXXX~~ **madelynej@aol.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madelyne Jarquin

Name of Contact Person

at (**786**) **343-0440**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Shenandoah Middle School P.T.S.-A. Corp

DOCUMENT NUMBER: N08000011219

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Madelyne Jarquin
(Name of Contact Person)

Shenandoah Middle School P.T.S.A. Corp
(Firm/ Company)

1950 SW 19TH Street
(Address)

Miami, FL 33145
(City/ State and Zip Code)

MadelyneJ@001.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Madelyne Jarquin at (786) 343-0440
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

Shenandoah Middle School

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

W08000011219

(Document Number of Corporation (if known))

FILED
12 DEC 14 AM 11:21
P. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ 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:

Madelyne Jarquin
1950 SW 19th Street

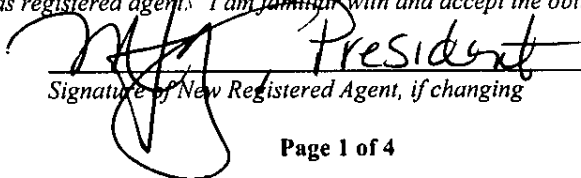
(Florida street address)

New Registered Office Address:

Miami, Florida 33145
(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.



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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PT</u>	<u>David Rodriguez</u>	<u>1950 SW 19th St</u> <u>Miami, FL 33145</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Marta N. Luaces</u>	<u>1950 SW 19th St</u> <u>Miami, FL 33145</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PT</u>	<u>Madelyne Jarquin</u>	<u>1950 SW 19th St</u> <u>Miami, FL 33145</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Jeanie Osendi</u>	<u>1950 SW 19th St</u> <u>Miami, FL 33145</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: September 18, 2012

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/10/12
Signature [Handwritten Signature] President
(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)

Madelyne Jarquin
(Typed or printed name of person signing)
President
(Title of person signing)