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COVER LETTER

TO: Amendment Section Division of Corporations

L.A. AINGER M NAME OF CORPORATION:	IDDLE SCHOOL PTO, INC.
N09000005536	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
L	ORI WELLBAUM EMERY
	(Name of Contact Person)
V	VELLBAUM & EMERY,P.A.
	(Firm/ Company)
	686 N. INDIANA AVENUE
	(Address)
E	NGLEWOOD, FLORIDA 34223
	(City/ State and Zip Code)
	aingerpto@gmail.com
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ase call:
	at .
(Name of Contact Pers	son) at (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	
Mailing Address	Street Address

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

L.A. AINGER MIDDLE SCHOOL PTO, INC.

(Name of Corporation as currently filed with the Florida	Dept. of State)	· .
N	09000005536	:
(Document Numb	per of Corporation (if known)	 ,
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corpo	ration adopts the following
A. If amending name, enter the new name of the corporat	tion:	
		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbre	viation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		e of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addres	s)
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		Zul unit
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligations	of the position.
S	ignature of New Registered Agent, if c	hanging

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 De V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	PRES	MANDY TANNEHILL	P.O. BOX 1164 ENGLEWOOD, FL 34295
 × Remove 2) Change Add 	<u>s</u>	STACIE BLANEY	P.O. BOX 1164 ENGLEWOOD, FL 34295
x Remove 3) x Change Add Remove	PRES	CINDY GOOGINS	P.O. BOX 1164 ENGLEWOOD, FL 34295
4) Change	<u>T</u>	KATIE MULLINS	P.O. BOX 1164 ENGLEWOOD, FL 34295
Remove 5) Change	<u>S</u>	STACY WEAR	P.O. BOX 1164 ENGLEWOOD, FL 34295
6) Change Add			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	

				
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The date of each amendment(s) adoption date this document was signed.	on:			, if other than the
Effective date if applicable:				
Effective date if applicable:	(no more than 90 da	ys after amendment	file date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the appli ent of State's records	cable statutory filing	requirements, this date will	not be listed as the
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 9/4/20
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)
Cindy Googins
(Typed or printed name of person signing)
President

(Title of person signing)