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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Lutz Preparatory Schoon:	ool, Inc.			* 2
	N09000007476				s
DOCUMENT NUMBER:					
The enclosed Articles of Am	nendment and fee are subm	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
Diana Jenkins					
		(Name of Contact F	Person)		
Lutz Preparatory School, In	c.				
		(Firm/ Compan	ıy)		
17951 N US Highway 41					
		(Address)			
Lutz, FL 33549					
	(City/ State and Zip	Code)		
administration@lutzprep.or	g				
	-mail address: (to be used	for future annual re	port notification	1)	
For further information conc	erning this matter, please of	eall:			
Diana Jenkins		а	813 t	428-7100	
- Carel	(Name of Contact Person)		(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida	Department of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certifi is Certifi	O Filing Fee icate of Status ied Copy isonal Copy isosed)	
Mailing A	Address	<u>S</u> 1	treet Address		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Lutz Preparatory School, Inc.	•	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	 -
N09000007476		•
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the follow	ving
A. If amending name, enter the new name of the corporati	ion:	
п/a	The	M/DVI
name must be distinguishable and contain the word "corporal" "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)	n/a)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City) , Florida (Zip Code)	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		
	ola	
	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	<u>V</u> <u>Mik</u>	L Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Justin Squires	17951 N US Highway 41
X Add			Lutz, FL 33549
Remove			
2) Change	D	Steve Dapcic	17951 N US Highway 41
X Add			Lutz, FL 33549
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
n/a	
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		. n/a	20 4 4 4
	date of each amend this document was s		, if other than the
	ective date <u>if applic</u>	10/27/2016	
		(no more than 90 days after amendment file date)	
		d in this block does not meet the applicable statutory filing requirements, this date e on the Department of State's records.	will not be listed as the
A do	option of Amendme	nt(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendmen for approval.	t(s)
	There are no memb adopted by the boa	ers or members entitled to vote on the amendment(s). The amendment(s) was/wer rd of directors.	e
	Dated	10/27/2016	
	Signature (By the chairman or vice chairman of the board, president or other officer-if director	ors
		have not been selected, by an incorporator – if in the hands of a receiver, trustee, of other court appointed fiduciary by that fiduciary)	г
	•	Frank Rygiel	
		(Typed or printed name of person signing)	_
		Chairman	
		(Title of person signing)	_