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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	reparatory School, Inc.			
DOCUMENT NUMBER:		-		
The enclosed Articles of Amendment at	nd fee are submitted for fil	ing.		
Please return all correspondence concer	ning this matter to the follo	owing:		
Diana Jenkins				
	(Name of C	ontact Person)		
Lutz Preparatory School, Inc.				
	(Firm/	Company)		
17951 N US Highway 41				
<u> </u>	(Ac	ldress)		
Lutz, Fl. 33549				
	(City/ State	and Zip Code)		
diana.jenkins@lutzprep.org/AND admi	nistration@lutzprep.org			
E-mail addre	ess: (to be used for future a	nnual report notil	fication)	
For further information concerning this	matter, please call:			
Diana Jenkins		813 at		428-7100
(Name of C	Contact Person)	(Area (Code)	(Daytime Telephone Number)
Enclosed is a check for the following ar	mount made payable to the	Florida Departm	ent of St	ate:
	Filing Fee & S43.75 F cate of Status Certified (Addition enclosed	Copy ial copy is	Certific Certifie	onal Copy is
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Street Ade Amendmen Division o Clifton Bu 2661 Exec	nt Sectio f Corpora ilding	ations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Lutz Preparatory School, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N09000007476 (Document Number of Corporation (if known) 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: N/A 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: (Florida street address) New Registered Office Address: N/A Florida (Civ) (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: X Change X Remove X Add	<u>V</u> <u>Mi</u>	<u>in Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	C	Sean Harrigan	17951 N US Highway 41
Add			Lutz, FL 33549
x Remove			
2) X Change	C	Joyce Wieland	17951 N US Highway 41
Add			Lutz, FL 33549
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			-
6) Change			
Add			-
Remove			

. If amending or adding additional in (attach additional sheets, if necessary	e). (Be specific)	_			
VA					
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he date of each amendmen	· · · · · · · · · · · · · · · · · · ·	If other than the
ate this document was signed	- 9/28/2018	
Effective date <u>if applicable</u> :	9/28/2018	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not he Department of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(s) oproval.	
☐ There are no members or adopted by the board of a	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated /C	2/16/2918 1	
Signature	Asplanae	
	e chairman of vice chairman of the board, president or other officer-if directors	
	not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
Ch	ristopher Moore	
_	(Typed or printed name of person signing)	
Vi	ce Chair & Treasurer	
	(Title of person signing)	