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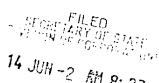
Amendice 10 UIII.14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DeLaura	Parent Orga	anization, Inc.			
DOCUMENT NUMBER: N1000005653					
The enclosed Articles of Amendment and fee are sub-	mitted for filing.				
Please return all correspondence concerning this matte	er to the following:				
Debra Owen					
	(Name of Contact Person)			
	(Firm/ Company)				
146 Windward Way					
	(Address)				
Indian Harbour Beach, F	L				
	(City/ State and Zip Code	2)			
debralowen@gma					
E-mail address: (to be used	•	notification)			
For further information concerning this matter, please	call:				
Debra Owen	_{at} 650	906-0885 de & Daytime Telephone Number)			
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)			
Enclosed is a check for the following amount made pa	yable to the Florida Depa	rtment of State:			
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301			

Articles of Amendment to Articles of Incorporation



	of	17 JUH - 2 A.
DeLaura Parent Organization,	Inc.	14 JUH-2 稍 8:
(Name of Corporation as currently filed with the F		
N1000005653		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profi	t Corporation adopts the follow
A. If amending name, enter the new name of the corpora	ition:	
n/a		The n
name must be distinguishable and contain the word "corpor	ation" or "incorporated" or th	ne 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 <u>MUST BE A STREET ADDRESS</u>		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	300 Jackson A	۹ve.
(muning unuress <u>MAT BE A TOST OFFICE BOA)</u>	Satellite Beac	h FI 32937
	Oatomic Dead	11, 1 L 02001
D. If amending the registered agent and/or registered of	fice address in Florida, enter	the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent: Debra Owe	en	
	dward Way	
	(Florida street address)	
New Registered Office Address:		
Indian Ha	arbour Beach _	Florida 32937
(City		(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		

Page 1 of 4

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>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	T,ammy Terry	557 Carriage Circle
Add Remove			Satellite Beach, FL 32937
2) Change	S	Tammy Terry	557 Carriage Circle
X Add	<u> </u>		Satellite Beach, FL 32937
Remove			
3) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
The specific purpose for which this corporation is organized is:
DeLaura Parent Organization, Inc. shall be to enrich the education of the
students; strengthen parents, staff and students communicatons; fund
educational projects that fall outside the budgetary allocations of the
school.
The dissolution clause for this organization is:
The DeLaura Parent Organization may be dissolved by a two-thirds (2/3)
vote of Members present and voting, provided all Members on record have
been notified of the purpose of the dissolution at least 30 days prior to the
Meeting at which the vote will be taken.
In the event of the dissolution of this organization, after paying all
authorized debts, all remaining assets of the DeLaura Parent Organization
shall be distributed to DeLaura Middle School which qualifies for tax
exemption under 501(c)(3) of the Internal Revenue Code of the United
States of America. Non of the assets shall be distributed to, nor inure to
the benefit of, any individual Member.

	, if other than the
date this document was signed. Effective date if applicable: May 27, 2014 (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.	
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)	
Melissa Christensen	
(Typed or printed name of person signing) President (Title of person signing)	