N10000008731

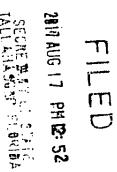
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



300302549963

08/17/17--01012--020 **35.00



Amend

AUG 23 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | ent's Club, Inc. |
|--|---|
| N10000008731 DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee | e are submitted for filing. |
| Please return all correspondence concerning t | this matter to the following: |
| Kirsten Le Pape | |
| | (Name of Contact Person) |
| | (Firm/ Company) |
| 89 NE 105th St | |
| | (Address) |
| Miami Shores, FL 33138 | |
| · | (City/ State and Zip Code) |
| elub@frenchschoolmiami.org | |
| E-mail address: (to | o be used for future annual report notification) |
| For further information concerning this matte | er, please call: |
| Kirsten Le Pape | 305 680-7114 at |
| (Name of Contac | |
| Enclosed is a check for the following amount | made payable to the Florida Department of State: |
| \$35 Filing Fee \$43.75 Filing Certificate of | g Fee & \$\sumsymbol{\Pi}\$\$\$\$43.75 Filing Fee & \$\sumsymbol{\Pi}\$\$\$\$\$\$\$52.50 Filing Fee & Certificate of Status (Additional copy is enclosed) (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 Incorporation of

EFAM PARENT'S CLUB INC.

THE STATE OF THE S Articles of Amendment

| (Name of Corporation as current | ly filed with the Florida Dept. of State) | |
|---|---|--|
| N10000008731 | | |
| (Document Number | er of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statutes imendment(s) to its Articles of Incorporation: | s, this Florida Not For Profit Corporation adopts the following | |
| A. If amending name, enter the new name of the corporati | on: | |
| N/A | The new | |
| name must be distinguishable and contain the word "corporat "Company" or "Co," may not be used in the name. | ion" or "incorporated" or the abbreviation "Corp." or "Inc." | |
| 3. Enter new principal office address, if applicable: | 89 NE 105th St | |
| Principal office address <u>MUST BE A STREET ADDRESS</u>) | Miami Shores, FL 33138 | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 89 NE 105th St | |
| | Miami Shores, FL 33138 | |
| | | |
|). If amending the registered agent and/or registered office | | |
| new registered agent and/or the new registered office a | adress: | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | (Florida street address) | |
| | Florida | |
| | (City) (Zip Code) | |
| New Registered Agent's Signature, if changing Registered . hereby accept the appointment as registered agent. I am fan | | |
| | NA | |
| Si | gnature 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 | PT John I V Mike SV Sally 3 | <u>Jones</u> | |
|----------------------------------|---|-----------------|------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | O | Stacey Ann Peki | 7570 SW 60th Street |
| Add | | | Miami, Florida 33143 |
| X Remove | | | |
| 2) Change | D | Kirsten Le Pape | 89 NE 105th St |
| X Add | | | Miami Shores, FL 33138 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | - - |
| Remove | | | |

| If amending or adding additional Articl (attach additional sheets, if necessary). | (Be specific) | | | |
|---|---|---------------------------------------|---------------------------------------|---------------|
| /A | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| · · · · · · · · · · · · · · · · · · · | | <u>-</u> | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | |
| | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | · |
| | | | | - |
| | · · · · · · · · · · · · · · · · · · · | . | | - |
| | | | | |
| | | | . | |
| | | | | |
| | | | | |
| | j=- <u>-</u> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | - // · · · · · · · · · · · · · · · · · · | , | | <u></u> - |
| | | | | |
| | | | | |
| | | | | |

| | e date of each amendment(s) adoption:e this document was signed. | , if other than the |
|------|--|----------------------|
| | | |
| Effe | ective date if applicable: | |
| | (no more than 90 days after amendment file date) | |
| | te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nument's effective date on the Department of State's records. | not be listed as the |
| Ado | option 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. | |
| Ę | 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 11 July 2017 | |
| | Signature Lustral Res | |
| | (By the chaîrman or vice-chaîrman òch be 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) | |
| | Kirsten Le Pape | |
| | (Typed or printed name of person signing) | |
| | Officer | |
| | (Title of person signing) | |