N10000009414

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SECRETARY OF SIAIL DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Oxford Academ	y of Miami SAC-PTA, I	nc.
DOCUMENT N	UMBER: N10000009414		
	cles of Amendment and fee are subm	itted for filing.	
Please return all co	orrespondence concerning this matter	to the following:	
	Lisbetl	n Alvarez	
	(Name of C	ontact Person)	
	Oxford Academy	of Miami PTSO, Inc.	
	(Firm/ C	Company)	
	10870 SW 113ti	n Place, 2nd Floor	
-	•	dress)	· · · · · · · · · · · · · · · · · · ·
	Miami, Flo	orida 33176	
	(City/ State	and Zip Code)	····
	oxfordptso	@yahoo.com	
	·	or future annual report notificat	ion)
For further inform	ation concerning this matter, please c	all:	
Lisbeth Alvarez		at (305) 606-7523	
(Na:	me of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a chec	k for the following 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 is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.0	ailing Address nendment Section vision of Corporations O. Box 6327 Ilahassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center (

Articles of Amendment Articles of Incorporation



Oxford Academy of Miami SAC-PTA, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N10000009414 (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		t For Profit Corporation adopts
A. If amending name, enter the new name of	the corporation:	
Oxford Acade	my of Miami PTSO, Inc.	
The new name must be distinguishable and co abbreviation "Corp." or "Inc." <u>"Company" o</u>		
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r new registered agent and/or the new regis		ida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address	·)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position.		d accept the obligations of the
	ignature of New Registered Agen	t. 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) <u>Address</u> **Type of Action** <u>Title</u> <u>Name</u> ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amend	ment(s) adoption: June 1, 2011
•	(date of adoption is required)
Effective date if applical	
	(no more than 90 days after amendment file date)
Adoption of Amendmen	t(s) (CHECK ONE)
The amendment(s) was was/were sufficient for	s/were adopted by the members and the number of votes cast for the amendment(s) approval.
There are no member adopted by the board of	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.
Dated	re Sphelk alvanes
	(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)
	Lisbeth Alvarez
	(Typed or printed name of person signing)
	President
	(Title of person signing)